

PUBLIC INSPECTION COPY

OMB No. 1545-0047

2009

Open to Public Inspection

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KAISER FOUNDATION HEALTH PLAN, INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE KAISER PLAZA, SUITE 15L City or town, state or country, and ZIP + 4 OAKLAND, CA 94612	D Employer identification number 94-1340523	E Telephone number (510) 271-6611	G Gross receipts \$ 60526926018.
		F Name and address of principal officer: GEORGE C. HALVORSON ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶		
		J Website: ▶ N/A			
		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1955 M State of legal domicile: CA		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	19,477
6	Total number of volunteers (estimate if necessary)	6	4,012
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	8,829,728.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	3,481,821.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	3,625,000.	3,840,322.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31484090631.	33172293899.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,709,163.	-8,013,918.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	125,087,549.	53,758,068.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31682512343.	33221878371.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,466,077.	39,434,008.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,329,716,831.	2,232,182,657.
16b	Total fundraising expenses, Part IX, column (D), line 25	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	28980749910.	30662356807.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31311932818.	32933973472.
19	Revenue less expenses. Subtract line 18 from line 12	370,579,525.	287,904,899.
20	Total assets (Part X, line 16)	Beginning of Year	End of Year
21	Total liabilities (Part X, line 26)	10147368928.	11001879989.
22	Net assets or fund balances. Subtract line 21 from line 20	8,608,253,691.	9,517,654,067.
		1,539,115,237.	1,484,225,922.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 	Date 10-27-2010		
	DEBORAH STOKES Type or print name and title	SENIOR VICE PRESIDENT, CORPORATE CONTROLLER, CHIEF ACCOUNTING OFFICER		
Paid Preparer's Use Only	Preparer's signature 	Date 9-15-10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) 13-5565207
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 55 SECOND STREET SAN FRANCISCO, CA 94105	EIN 13-5565207	Phone no. 415.963.5100	
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Form 990 (2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**.
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	KAISER FOUNDATION HEALTH PLAN, INC	Employer identification number	94-1340523
	Number, street, and room or suite no. If a P.O. box, see instructions.	ONE KAISER PLAZA, SUITE 15L	For IRS use only	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	OAKLAND, CA 94612		

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-B L	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) tr ust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☒ **NATIONAL DIRECTOR OF TAX**
Telephone No. ☒ 510 271.6385 FAX No. ☒ 510 271.2611
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15/2010.
- 5 For calendar year 2009, or other tax year beginning , and ending .
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension THIS ENTITY IS A MEMBER OF A VERTICALLY INTEGRATED MANAGED HEALTH CARE DELIVERY PROGRAM AND REQUESTS ADDITIONAL TIME TO VERIFY THAT EACH MEMBER'S TAX RETURN DATA IS COMPLETE

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒ Deborah Steiner Title ☒ SVP, CC & CAO Date ☒ 7/16/10

Form **8868** (Rev. 4-2009)



201017 CH 67 200912 670 26
190355 94612 K
IRS USE ONLY

Department of the Treasury
Internal Revenue Service
OGDEN UT 84201-0074

29404-100-50472-0 A0165721 211A
941340523 TE 3

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: May 10, 2010

Taxpayer Identification Number:
94-1340523
Tax Form: 990
Tax Period: December 31, 2009

030458.723962.0099.003 1 AT 0.357 375



KAISER FOUNDATION HEALTH PLAN INC
% NATIONAL PAYROLL CENTER
ONE KAISER PLAZA STE 15L
OAKLAND CA 94612-3610990



030458

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **August 15, 2010**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE
THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 30899863777. including grants of \$ 600,874.) (Revenue \$ 32840379588.)
ATTACHMENT 4

4b (Code:) (Expenses \$ 701,066,199. including grants of \$ 0.) (Revenue \$ 291,630,366.)
ATTACHMENT 5

4c (Code:) (Expenses \$ 184,520,714. including grants of \$ 1,333,322.) (Revenue \$ 31,682,428.)
ATTACHMENT 6

4d Other program services. (Describe in Schedule O.) ATTACHMENT 7
(Expenses \$ 37,499,812. including grants of \$ 37,499,812.) (Revenue \$ 0.)

4e Total program service expenses ► 31822950502.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year?	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 26,965		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 19,477		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: <u>SEE SCHEDULE O</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 14	
b Enter the number of voting members that are independent	1b 12	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA, DC, HI,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NATIONAL DIRECTOR OF TAX, ONE KAISER PLAZA, STE 15L OAKLAND, CA 94612
510.271.6385

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINE K. CASSEL DIRECTOR	7.00	X						162,050.	0.	0.
THOMAS W. CHAPMAN DIRECTOR	8.00	X						120,297.	12,600.	70,000.
DANIEL P. GARCIA SVP, CHIEF COMPLIANCE OFFICER	40.00	X		X				1,013,385.	0.	217,414.
WILLIAM R. GRABER DIRECTOR	7.00	X						204,679.	0.	0.
J. EUGENE GRIGSBY III DIRECTOR	6.00	X						180,500.	17,353.	0.
GEORGE C. HALVORSON CHAIRMAN AND CEO	40.00	X		X				6,592,049.	0.	75,622.
JUDITH JOHANSEN DIRECTOR	6.00	X						186,886.	0.	0.
KIM J. KAISER DIRECTOR	7.00	X						118,000.	0.	0.
PHILIP MARINEAU DIRECTOR	6.00	X						193,179.	0.	0.
JENNY J. MING DIRECTOR	6.00	X						173,679.	0.	0.
EDWARD PEI DIRECTOR	6.00	X						166,000.	0.	0.
J. NEAL PURCELL DIRECTOR	8.00	X						202,400.	25,957.	0.
CYNTHIA TELLES DIRECTOR	6.00	X						179,441.	11,600.	0.
SANDRA THOMPSON DIRECTOR	6.00	X						174,604.	0.	0.
GREGORY A. ADAMS REGIONAL PRESIDENT, NCAL	40.00			X				930,211.	0.	211,162.
RAYMOND J. BAXTER SVP, COMMUNITY BENEFIT	40.00			X				1,520,472.	0.	273,783.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BENJAMIN K CHU REGIONAL PRESIDENT, SCAL	40.00			X				1,206,181.	0.	239,169.
STEVEN DOSHAY SENIOR COUNSEL	40.00			X				233,261.	0.	48,160.
PHILIP FASANO SVP & CIO	40.00			X				1,120,015.	0.	234,160.
JERRY C FLEMING SVP, HEALTH PLAN MANAGER	40.00			X				936,569.	0.	170,154.
DIANE E GAGE LOFGREN SVP, BRAND MGMT & COMM.	40.00			X				684,933.	0.	124,774.
JENNIFER GARDNER ASSISTANT SECRETARY	40.00			X				102,413.	0.	29,581.
SANDRA A GOLZE VP, REGIONAL COUNSEL - NCAL	40.00			X				338,556.	0.	79,210.
MITCHELL J. GOODSTEIN SVP, ACTUARIAL, U/W & PRICING	40.00			X				796,275.	0.	145,166.
KATHY LANCASTER EVP - CHIEF FINANCIAL OFFICER	40.00			X				1,250,710.	0.	232,251.
KEITH A. LEE VP, LEGAL SERVICES - HI	40.00			X				340,802.	0.	11,921.
JANET A. LIANG REGIONAL PRESIDENT, HAWAII	40.00			X				569,194.	0.	134,182.
LOUISE LIANG SVP, QUALITY AND CLINICAL SYS.	40.00			X				1,789,775.	0.	7,679.
CHRISTINE L. MALCOLM SVP, HOSP STR. & NATL FACILITY	40.00			X				2,043,046.	0.	56,601.
1b Total CONTINUED AT SCHEDULE J-2								47,432,135.	67,510.	6,330,157.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5,106**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 8		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2,198**

Part VIII Statement of Revenue

94-1340523

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	569,000.			
	e	Government grants (contributions) . .	1e	2,550,072.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	721,250.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		3,840,322.			
Program Service Revenue	2a	MEMBER HEALTH CARE	Business Code	900099	22,298,631,505.	22,298,631,505.	
	b	SUPPLEMENTAL REV	900099	1,467,833,373.	1,467,833,373.		
	c	NON-PLAN & INDUSTR	900099	337,194,616.	328,959,326.	8,235,290.	
	d	OTHER PROGRAM SERV	900099	328,585,415.	328,219,188.	366,227.	
	e	MEDICARE	900099	8,740,048,990.	8,740,048,990.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		33,172,293,899.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		124,028,596.			124,028,596.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		0.			
			(i) Real	(ii) Personal			
	6a	Gross Rents.	9,879,404.				
	b	Less: rental expenses					
	c	Rental income or (loss)	9,879,404.				
	d	Net rental income or (loss)		9,879,404.			9,879,404.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	27,172,825,590.	179,543.			
	b	Less: cost or other basis and sales expenses	27,304,189,868.	857,779.			
	c	Gain or (loss)	-131,364,278.	-678,236.			
	d	Net gain or (loss)		-132,042,514.			-132,042,514.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a	PARKING GARAGES	812930	5,111,617.		228,211.	4,883,406.	
b	INT/EXT INT INCOME	900003	38,767,047.			38,767,047.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		43,878,664.				
12	Total Revenue. See instructions		33,221,878,371.	33,163,692,382.	8,829,728.	45,515,939.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	39,434,008.	39,434,008.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	47,516,814.		47,516,814.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	1,569,357,480.	1,286,183,266.	283,174,214.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	123,225,446.	110,696,313.	12,529,133.	
9 Other employee benefits	274,828,808.	265,608,953.	9,219,855.	
10 Payroll taxes	217,254,109.	131,841,937.	85,412,172.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	57,455,896.		57,455,896.	
c Accounting	899,755.		899,755.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	268,721,271.	24,560,557.	244,160,714.	
13 Office expenses	39,084,468.	23,179,042.	15,905,426.	
14 Information technology	2,769,426,282.	2,704,081,387.	65,344,895.	
15 Royalties	0.			
16 Occupancy	225,017,387.	224,092,231.	925,156.	
17 Travel	31,772,250.	24,986,029.	6,786,221.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	9,811,268.		9,811,268.	
20 Interest	18,885,950.	18,885,950.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	194,907,572.	194,907,572.		
23 Insurance	139,086,086.	139,085,971.	115.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BASIC CONTRACTUAL PAYMENTS	21966242840.	21966242840.		
b SUPPLIES	1,810,941,422.	1,775,311,302.	35,630,120.	
c CLAIMS - IN & OUT OF AREA	1,264,531,884.	1,264,531,884.		
d PURCHASED MEDICAL SERVICES	866,135,802.	866,119,868.	15,934.	
e NON-MEDICAL PURCHASED SERVICE	352,274,931.	266,471,751.	85,803,180.	
f All other expenses	647,161,743.	496,729,641.	150,432,102.	
25 Total functional expenses. Add lines 1 through 24f	32933973472.	31822950502.	1,111,022,970.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,922,271.	1	17,315,619.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,649,263,356.	4	1,282,798,070.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	2,479,868.	5	2,570,743.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	121,913,462.	8	118,483,478.
	9 Prepaid expenses and deferred charges	30,650,096.	9	32,209,319.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5092716534.		
	b Less: accumulated depreciation	10b 2787773815.	2,205,141,279.	10c 2,304,942,719.
	11 Investments - publicly traded securities	ATCH .10	6,090,255,468.	11 7,182,306,418.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	37,743,128.	15	61,253,623.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10147368928.	16	11001879989.	
Liabilities	17 Accounts payable and accrued expenses	2,590,720,646.	17	2,398,572,988.
	18 Grants payable		18	
	19 Deferred revenue	335,411,485.	19	389,596,462.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	5,682,121,560.	25	6,729,484,617.
	26 Total liabilities. Add lines 17 through 25	8,608,253,691.	26	9,517,654,067.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	-320,584,865.	31	-342,754,778.
	32 Retained earnings, endowment, accumulated income, or other funds	1,859,700,102.	32	1,826,980,700.
	33 Total net assets or fund balances	1,539,115,237.	33	1,484,225,922.
	34 Total liabilities and net assets/fund balances	10147368928.	34	11001879989.

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) ☐ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) ☐ A family member of a person described in (i) above? _____

(iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,889,297.	4,016,679.	3,801,313.	3,625,000.	3,840,322.	19,172,611.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24,027,319,413.	26,586,574,774.	29,294,585,979.	31,484,090,631.	33,172,293,899.	144,564,864,696.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	24,031,208,710.	26,590,591,453.	29,298,387,292.	31,487,715,631.	33,176,134,221.	144,584,037,307.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						144,584,037,307.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	24,031,208,710.	26,590,591,453.	29,298,387,292.	31,487,715,631.	33,176,134,221.	144,584,037,307.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87,510,670.	193,875,112.	244,851,055.	138,909,868.	172,675,047.	837,821,752.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	87,510,670.	193,875,112.	244,851,055.	138,909,868.	172,675,047.	837,821,752.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <i>ATCH 1.</i>	4,051,949.	4,235,624.	3,838,878.	4,367,896.	5,111,617.	21,605,964.
13 Total support. (Add lines 9, 10c, 11, and 12.)	24,122,771,329.	26,788,702,189.	29,547,077,225.	31,630,993,395.	33,353,920,885.	145,443,465,023.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.41 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.49 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.58 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.50 %

- 19a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒
- b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions.ATTACHMENT 1

SCHEDULE A, PART III - O

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
PARKING GARAGES	4,051,949.	4,235,624.	3,838,878.	4,367,896.	5,111,617.	21,605,964.
TOTAL	<u>4,051,949</u>	<u>4,235,624</u>	<u>3,838,878</u>	<u>4,367,896</u>	<u>5,111,617</u>	<u>21,605,964</u>

Schedule of Contributors

OMB No. 1545-0047

2009

▶ Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number
94-1340523**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 53,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 133,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number
94-1340523**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number
94-1340523**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 569,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 216,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 62,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 511,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number
94-1340523**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 756,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 317,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 228,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 317,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 43,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 32,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number
94-1340523**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 24,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 62,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 30,072.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
KAISER FOUNDATION HEALTH PLAN, INC	94-1340523

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ 250.
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 25.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☒ Yes ☐ No
- 4a Was a correction made? ☒ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).A Check ☐ if the filing organization belongs to an affiliated group.B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If these is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?	X		168,056
e	Publications, or published or broadcast statements?	X		14,360
f	Grants to other organizations for lobbying purposes?	X		6,231,598
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3,100,605
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		148,011
i	Other activities? If "Yes," describe in Part IV	X		332,782
j	Total. Add lines 1c through 1i			9,995,412
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i.

Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART IV - SUPPLEMENTAL INFORMATION

SCHEDULE C, PART II-B, LINE 1A THROUGH 1I

THE ORGANIZATION IS A MEMBER OF THE KAISER PERMANENTE MEDICAL CARE

PROGRAM AND PARTICIPATED AND BENEFITED FROM LOBBYING ACTIVITIES CONDUCTED

AT THE REGIONAL AND NATIONAL LEVEL FOR THE BENEFIT OF ITS ENROLLED

MEMBERS AND FOR THE HEALTH CARE INDUSTRY AS A WHOLE. AS AN ORGANIZATION

GENERALLY EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION

501(C)(3), HEALTH PLAN HAS A POLICY PROHIBITING INTERNAL INVOLVEMENT IN

ANY POLITICAL CAMPAIGNS. THIS POLICY IS CLOSELY MONITORED FOR

COMPLIANCE.

DURING THE YEAR THIS ORGANIZATION MAY HAVE MADE COMMENTS OR STATEMENTS

CONCERNING LEGISLATION WHICH MAY AFFECT THE HEALTH CARE INDUSTRY. HEALTH

PLAN MAY HAVE ENGAGED IN TELEPHONE CONVERSATIONS AND/OR WRITTEN LETTERS

TO VARIOUS FEDERAL, STATE, AND LOCAL OFFICIALS REGARDING MATTERS WHICH

AFFECTED THE HEALTHCARE INDUSTRY AS A WHOLE. THE AMOUNT OF TIME AND

MONEY INVOLVED IN THE ACTIVITIES IS DETAILED ON LINES A THROUGH I.

HEALTH PLAN HAS SEVERAL EMPLOYEES AND/OR MAY RETAIN A PROFESSIONAL

CONSULTANT TO REPRESENT HEALTH PLAN'S INTERESTS IN VARIOUS LEGISLATIVE

AND REGULATORY BODIES AND FROM TIME-TO-TIME TO KEEP INFORMED OF FEDERAL

AND STATE LEGISLATION HAVING AN IMPACT ON HEALTH PLAN'S CHARITABLE

ACTIVITIES AS AN EXEMPT HEALTH MAINTENANCE ORGANIZATION.

THESE INDIVIDUALS ATTEMPT TO ENSURE THAT PROPOSED LEGISLATION AND ENACTED

Part IV Supplemental Information (continued)

LAWS ARE COMPATIBLE WITH THE INTEREST OF HEALTH PLAN AND ITS MEMBERS BY

PERFORMING THE FOLLOWING ACTIVITIES:

- COLLECTING, ANALYZING AND DISTRIBUTING WITHIN THE ORGANIZATION, PUBLIC

AND PRIVATE POLICY RECOMMENDATIONS REGARDING PROPOSED LEGISLATION THAT

AFFECT THE OPERATION OF HEALTH PLAN AND ITS ABILITY TO PROVIDE QUALITY

HEALTH AND MEDICAL CARE SERVICES TO ITS MEMBERS IN A COST EFFECTIVE

ENVIRONMENT.

- PROVIDING APPROPRIATE INFORMATIONAL MATERIALS TO LEGISLATORS AND TO

THEIR STAFFS THAT PERTAIN TO MATTERS OF COMMON INTEREST IN THE HEALTH

CARE COMMUNITY AND IN THE NOT-FOR-PROFIT COMMUNITY.

- ALSO BY PREPARING WRITTEN AND ORAL TESTIMONY, THESE INDIVIDUALS APPEAR

AT LEGISLATIVE HEARINGS, MONITOR LEGISLATIVE PROCEEDINGS AND MEET WITH

LEGISLATORS AND/OR THEIR STAFFS REGARDING ISSUES PERTINENT TO THE MISSION

OF HEALTH PLAN. THOSE INDIVIDUALS APPEARING AT SUCH HEARINGS AND

MEETINGS FOR AND ON BEHALF OF HEALTH PLAN OFTEN ARE REPRESENTING THE

INTERESTS OF COMMON INTEREST GROUPS AS WELL AS THE INTERESTS OF THE

MEMBERS OF HEALTH PLAN.

- OTHER EMPLOYEES AND OFFICERS PERFORM SERVICES BY DELIVERING SPEECHES

AT VARIOUS PUBLIC AND PRIVATE FUNCTIONS AND IN SERVING AS FACULTY IN

HEALTHCARE RELATED EDUCATIONAL PROGRAMS THROUGHOUT THE COMMUNITY.

SCHEDULE C, PART I-A, LINE 1

DESCRIPTION OF DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES

THE DISCLOSED POLITICAL ACTIVITY RESULTED FROM CONTRIBUTION BEING

APPROVED/PAID

Part IV Supplemental Information (continued)

SCHEDULE C, PART I-B, LINE 4B

CORRECTIVE ACTION

AS A RESULT OF OUR INTERNAL INVESTIGATION CONDUCTED IN SEPTEMBER OF 2010,
KAISER FOUNDATION HEALTH PLAN, INC ("KAISER") DISCOVERED THAT IMPROPER
EXPENDITURES HAVE BEEN PAID TO POLITICAL ACTION COMMITTEES (PAC) DURING
2009 AND 2010. SUCH PAYMENTS ARE CONTRARY TO OUR LONG-STANDING WRITTEN
POLICY ON POLITICAL CAMPAIGN INVOLVEMENT. WE HAVE REQUESTED AND RECEIVED
A FULL REFUND OF THE PAYMENTS OR CONTRIBUTIONS FROM THE RECIPIENTS. WE
HAVE DISCUSSED THE POLITICAL CAMPAIGN POLICY WITH THE INDIVIDUALS
INVOLVED AND RE-EMPHASIZED THE PROHIBITION IN COMMUNICATION TO ALL STAFF
AT KAISER. IN ADDITION, WE HAVE SENT OUT A MEMORANDUM TO ALL EMPLOYEES
WITH RESPONSIBILITY FOR PROCESSING PAYMENTS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Employer identification number

94-1340523

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

d ☐ Loan or exchange programs
 e ☐ Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

- b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

- b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		459,381,027.		459,381,027.
b Buildings		270,931,663.	121,860,527.	1,490,716,104.
c Leasehold improvements		705,169,937.	505,636,710.	199,533,227.
d Equipment		629,672,739.	584,018,007.	45,654,732.
e Other		589,176,200.	479,518,571.	109,657,629.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,304,942,719.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX **Other Assets.** See Form 990, Part X, line 15.[illegible]

Part X **Other Liabilities.** See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
Federal income taxes		
ATTACHMENT 2		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶	6,729,484,617.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART X

FIN 48 FOOTNOTE

NOT REQUIRED

NOTE 1

IN 2008, WE REPORTED \$52,241,434 GAIN FROM SALES OF SECURITIES. WE USED THE BEST ESTIMATE OF TAX BASIS GAIN AVAILABLE AT THAT TIME. WE NOW HAVE FINAL TAX BASIS NUMBERS SHOWING \$50,251,993 LOSS FROM SALES OF SECURITIES FOR 2008.

SCHEDULE D, PART X - OTHER LIABILITIESATTACHMENT 2

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
RESERVE - PHYSICIAN RETIREMENT	2,919,380,000.
RESERVE FOR AUTO & UNEMPLOY.	322,536.
RESERVE FOR PROF. & PUBLIC LIAB	357,847,505.
RESERVE FOR WORKERS COMP RISKS	73,355,053.
LONG TERM EXTERNAL LIABILITIES	548,338.
POST RETIREMENT BENEFIT LIAB	1,035,478,512.
OTHER CURRENT LIABILITIES	182,075,073.
OTHER CURRENT INSTALLMENTS	43,261.
OTHER LONG-TERM LIABILITIES	345,149,438.
SECURITIES LENDING PAYABLE	1,111,307,307.
OTHER RETIREMENT LIABILITIES	691,387,038.
DUE TO AFFILIATED ORGANIZATION	12,590,556.
TOTALS	<u>6,729,484,617.</u>

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b line 15, or line 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

Part I General Information on Activities Outside the United States. Complete if the organization answered
"Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	PP&L INSURANCE	6,453,517.
Totals	0	0			6,453,517.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2009

Part II

1

- 3

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	ACCESS INSTITUTE FOR PSYCHOLOGICAL SERVICES 110 GOUGH ST # 301 SAN FRANCISCO, CA 94102	01-0595862	501(C)(3)	9,750.				SUPPORT FOR SPECTRUM
	AIDS NUTRITION SERVICES ALLIANCE 1015 18TH STREET, NW WASHINGTON, DC 20036	95-4636640	501(C)(3)	9,750.				SUPPORT FOR 16TH ANN
	ALOHA UNITED WAY, INC 200 N VINEYARD BLVD# 700 HONOLULU, HI 96817	99-0073494	501(C)(3)	10,000.				2009 CORP CAMPAIGN
	AMERICAN CANCER SOCIETY, INC 2370 NUUANU AVENUE HONOLULU, HI 96817	99-0073489	501(C)(3)	9,000.				PROGRAM SUPPORT
	BAY CLINIC INC 224 HAILI STREET HILO, HI 96720	99-0222784	501(C)(3)	10,000.				FINANCE A PORTION OF
	CHILDBIRTH CONNECTION FOUNDATION 281 PARK AVE S, 5TH FL NEW YORK, NY 10010	13-3513551	501(C)(3)	10,000.				SUPPORT FOR 90TH ANN
	COMMUNITY FOOD SECURITY COALITION INC 3830 SE DIVISION STREET PORTLAND, OR 97202	06-1495135	501(C)(3)	10,000.				SUPPORT FOR COMMUNIT
	DENVER FOUNDATION 55 MADISON ST, 8TH FLOOR DENVER, CO 80206	84-6048381	501(C)(3)	37,000,000.				DONATION TO DONOR AD
	FAMILY VIOLENCE PREVENTION FUND 383 RHODE ISLAND ST SAN FRANCISCO, CA 94103	94-3110973	501(C)(3)	10,000.				SUPPORT FOR NATIONAL
	GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVE NW, SUITE 1200	13-3206571	501(C)(3)	10,000.				CORPORATE DONATION
	HEALTH CARE WITHOUT HARM 1901 N MOORE ST # 509 ARLINGTON, VA 22209	52-2358837	501(C)(3)	50,000.				PROGRAM SUPPORT
	INSTITUTE OF MEDICINE AS A PROFESSION 630 W 168TH ST NEW YORK, NY 10032	33-1033330	501(C)(3)	10,000.				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations 28

3 Enter total number of other organizations 0

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

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Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING GRANTS

SCHEDULE I, PART I, LINE 2

GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT THAT DESCRIBES PROGRESS

TOWARD GOALS, IMPACT OT DATE, AS WELL AS A FINANCIAL ACCOUNTING FOR HOW

FUNDS WERE USED.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

KAISER FOUNDATION HEALTH PLAN, INC

94-1340523

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAPIOLANI HEALTH FOUNDATION 55 MERCHANT ST, 26TH FL HONOLULU, HI 96813	99-0246364	501(C)(3)	35,000.				HANUOLA ECMO PROGRAM
MAUI FOOD BANK, INC 760 KOLU STREET WAILUKU, HI 96793	99-0315110	501(C)(3)	50,000.				FRESH-4-ALL
NATIONAL ASSOCIATION OF FREE CLINICS 1140 19TH ST NW # 900 WASHINGTON, DC 20036	56-2273242	501(C)(3)	10,000.				SUPPORT FOR ANNUAL S
UNIVERSITY OF HAWAII 2530 DOLE ST SAKAMAKI HONOLULU, HI 96822	99-6000354	GOVERNMENT	100,000.				THE IMPLEMENTATION A
UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE ST HONOLULU, HI 96822	99-0085260	501(C)(3)	50,000.				UH MANOA SCHOOL OF N
YOUTH ALIVE! 3300 ELM STREET OAKLAND, CA 94609	94-3143254	501(C)(3)	20,000.				YOUTH VIOLENCE PROJE
AMERICARES INC 88 HAMILTON AVE STAMFORD, CT 06902	06-1008595	501(C)(3)		490,830.	NBV	MED SUPPLIES	CB PROGRAM SUPPORT
DIRECT RELIEF INTERNATIONAL 27 S. L PATERA LAND SANTA BARBARA, CA 93117	95-1831116	501(C)(3)		763,054.	NBV	MED SUPPLIES	CB PROGRAM SUPPORT
OPERATION USA 3617 HAYDEN AVE # A CULVER CITY, CA 90232	95-3504080	501(C)(3)		64,437.	NBV	MED SUPPLIES	CB PROGRAM SUPPORT
RELIEF INTERNATIONAL 5455 WILSHIRE BLVD LOS ANGELES, CA 90036	95-4300662	501(C)(3)	200,000.				HAITI EQ RELIEF
OPERATION USA 3617 HAYDEN AVE CULVER CITY, CA 90232	95-3504080	501(C)(3)	50,000.				HAITI EQ RELIEF
MEDSHARE INTERNATIONAL INC 2937 ALVARADO ST SAN LEANDRO, CA 94577	58-2433968	501(C)(3)	50,000.				HAITI EQ RELIEF
DOCTORS WITHOUT BORDERS USA INC 333 7TH AVE, 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	200,000.				HAITI EQ RELIEF
ASSOCIATION FOR THEATRE IN HIGHER EDUCATION PO BOX 1290 BOULDER, CO 80306	73-1303686	501(C)(3)	10,000.				COMMUNITY ATHE CONFE
COMMUNITY HEALTH LEADERSHIP NETWORK INC 1910 E 4TH AVE, PMB 212 OLYMPIA, WA 98506	52-2305386	501(C)(3)	20,000.				ANNUAL CONFERENCE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009

**Open to Public
Inspection**

KAISER FOUNDATION HEALTH PLAN, INC

94-1340523

[illegible]

Schedule I-1 (Form 990) 2009

[illegible]

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREGORY A. ADAMS	(i)	576,378.	309,513.	44,320.	198,035.	13,127.	1,141,373.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CAROL ANTLE	(i)	285,321.	72,139.	42,225.	103,714.	13,790.	517,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RAYMOND J BAXTER	(i)	503,598.	410,102.	606,772.	259,993.	13,790.	1,794,255.	542,597.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANNE V. CADWELL	(i)	113,815.	199,677.	364,025.	15,790.	10,939.	704,246.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ALBERT L. CARVER	(i)	278,983.	149,825.	168,253.	83,750.	11,962.	692,773.	114,079.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTINE K. CASSEL	(i)	162,000.	0.	50.	0.	0.	162,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS W. CHAPMAN	(i)	103,000.	0.	17,297.	70,000.	0.	190,297.	0.
	(ii)	12,600.	0.	0.	0.	0.	12,600.	0.
ALIDE L CHASE	(i)	350,092.	117,931.	217,836.	174,297.	13,790.	873,946.	102,601.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BENJAMIN K CHU	(i)	577,790.	565,759.	62,632.	227,307.	11,862.	1,445,350.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT M CRANE	(i)	0.	131,987.	619,261.	0.	10,505.	761,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS A CURTIN JR.	(i)	361,522.	185,484.	79,727.	78,376.	13,633.	718,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GEORGE A DI SALVO	(i)	345,796.	274,836.	52,926.	113,778.	11,862.	799,198.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN DOSHAY	(i)	184,188.	43,546.	5,527.	36,298.	11,862.	281,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DEAN J EDWARDS	(i)	295,347.	146,061.	49,378.	66,077.	13,790.	570,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PHILIP FASANO	(i)	618,819.	354,812.	146,384.	220,527.	13,633.	1,354,175.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JERRY C FLEMING	(i)	392,469.	355,968.	188,132.	156,364.	13,790.	1,106,723.	100,748.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4-A

SEVERANCE PAYMENTS

ANNE CADWELL \$ 300,323

OLIVIA KIRK \$ 186,000

KEITH LEE \$ 176,346

CHRISTINE MALCOLM \$1,492,105

DANIEL MAZANY \$ 395,000

LAURENCE O'NEIL \$ 896,784

LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO SEVERANCE

BENEFITS IN THE EVENT OF TERMINATION BY THE ORGANIZATION WITHOUT CAUSE OR

DUE TO JOB ELIMINATION. DEPENDING ON POSITION LEVEL, TENURE, AND

TERMINATION REASON, SEVERANCE BENEFITS PAYABLE UNDER THESE ARRANGEMENTS

PROVIDE FOR PAY AND HEALTH BENEFITS CONTINUATION PLUS PAYMENT OF ACCRUED

OBLIGATIONS. IN ADDITION, FOR SOME OF THE LISTED PERSONS, SEVERANCE

BENEFITS PAYABLE INCLUDE PRORATED INCENTIVE AWARDS FOR PERFORMANCE

PERIODS NOT YET ENDED. NONE OF THE LISTED PERSONS PARTICIPATED IN

ARRANGEMENTS ENTITLING THEM TO CHANGE-OF-CONTROL PAYMENTS.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4-B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS

GREGORY ADAMS \$ 157,935

CAROL ANTLE \$ 31,464

RAYMOND BAXTER \$ 389,386

ANNE CADWELL \$ 39,296

ALBERT CARVER \$ 117,760

ALIDE CHASE \$ 205,832

BENJAMIN CHU \$ 184,496

ROBERT CRANE \$ 37,259

THOMAS CURTIN JR \$ 111,506

GEORGE DISALVO \$ 80,467

DEAN EDWARDS \$ 40,673

PHILIP FASANO \$ 190,962

JERRY FLEMING \$ 193,132

DIANE LOFGREN \$ 76,825

DANIEL GARCIA \$ 285,048

SANDRA GOLZE \$ 30,273

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

MITCHELL GOODSTEIN \$ 83,084

GEORGE HALVORSON \$1,237,500

MICHAEL HUACO \$ 36,810

RONALD KNOX \$ 168,052

KATHY LANCASTER \$ 178,867

JANET LIANG \$ 101,966

LOUISE LIANG \$ 263,459

MICHAEL MCANDER \$ 39,463

JUDITH MEARS \$ 56,452

THOMAS MEIER \$ 43,474

CHRISTOPHER OHMAN \$ 30,381

WADE OVERGAARD \$ 54,275

CYNTHIA OVERMYER \$ 116,738

JULIE PETRINI \$ 315,003

PAUL RECORDS \$ 133,545

JAMES SIMPSON III \$ 37,489

SANDRA SMALL \$ 389,072

ARTHUR SOUTHAM \$ 236,262

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

JOHN STENSON	\$ 40,380
DEBORAH STOKES	\$ 94,289
WAYNE SWAFFORD	\$ 4,332
BERNARD TYSON	\$ 323,207
STANLEY WATSON	\$ 26,145
HERMAN WEIL	\$ 276,248
JED WEISSBERG	\$ 59,671
LARRY WILSON	\$ 56,250
CARLOS ZARAGOZA	\$ 33,294
STEVEN ZATKIN	\$ 468,045

SOME OF THE LISTED PERSONS PARTICIPATED IN NONQUALIFIED SUPPLEMENTAL
RETIREMENT PLANS. UNDER THESE PLANS, THE ORGANIZATION MAKES ANNUAL
CONTRIBUTIONS TO ACCOUNTS HELD IN THE NAME OF INDIVIDUAL PARTICIPANTS.
CONTRIBUTIONS VARY BY POSITION LEVEL AND PAY, AND VEST OVER TIME BASED ON
AGE AND/OR SERVICE. PARTICIPANT ACCOUNTS ARE CREDITED WITH ACTUAL
INVESTMENT RETURNS FROM UP TO FOUR MUTUAL FUNDS AND/OR WITH A FIXED RATE
OF INTEREST OR A COMBINATION THEREOF. UNVESTED AMOUNTS ARE SUBJECT TO

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

RISK OF FORFEITURE.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

THE ORGANIZATION PROVIDED NON-FIXED PAYMENTS TO SOME OF THE PERSONS

LISTED. PAYMENTS WERE MADE UNDER INCENTIVE PLANS, BASED ON ATTAINMENT OF

ORGANIZATIONAL PERFORMANCE GOALS AND INDIVIDUAL PERFORMANCE, DESIGNED TO

SUPPORT THE ORGANIZATION'S MISSION TO PROVIDE HIGH-QUALITY, AFFORDABLE

CARE AND IMPROVE THE HEALTH OF ITS MEMBERS AND THE COMMUNITIES IT SERVES.

THE PLANS' ORGANIZATIONAL PERFORMANCE GOALS INCLUDED: QUALITY OF CARE AND

SERVICE, MEMBERSHIP GROWTH, OPERATING INCOME, PER MEMBER EXPENSE TREND,

AND COMMUNITY BENEFIT. PLAN DESIGNS, PERFORMANCE, AND PAYOUT LEVELS, AS

WELL AS INDIVIDUAL PAYMENTS TO CERTAIN PERSONS, WERE REVIEWED AND

APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS,

COMPRISED OF INDEPENDENT DIRECTORS.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1

FIRST CLASS TRAVEL:

ALL BOARD OF DIRECTORS, CHIEF EXECUTIVE OFFICER, SENIOR VICE PRESIDENTS

AND OTHER SENIOR MANAGERS AS APPROVED BY THE COMPENSATION COMMITTEE

TRAVEL FOR COMPANIONS:

AS APPROVED BY SENIOR MANAGERS INFREQUENTLY

PERSONAL SERVICES:

CAR SERVICE IS APPROVED FOR SENIOR MANAGEMENT IN CONNECTION WITH BUSINESS

RELATED TRAVEL. CEO'S NONBUSINESS TRANSPORTATION IS BOARD APPROVED AND

INCLUDED IN COMPENSATION

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS:

LIMITED TO PARTIAL TAX GROSS-UP UNDER RELOCATION POLICY, CEO

TRANSPORTATION, AND INFREQUENTLY AS APPROVED BY SENIOR MANAGEMENT

HOUSING ALLOWANCE: PROVIDED ON A LIMITED BASIS FOR RELOCATION

SCHEDULE J-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See Instructions for Schedule J (Form 990).

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DIANE E GAGE LOFGREN	(i)	336,098.	287,953.	60,882.	111,972.	12,802.	809,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIEL P GARCIA	(i)	387,526.	432,362.	193,497.	205,344.	12,070.	1,230,799.	146,693.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SANDRA A GOLZE	(i)	222,979.	76,804.	38,773.	65,420.	13,790.	417,766.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MITCHELL J. GOODSTEIN	(i)	405,397.	341,529.	49,349.	131,376.	13,790.	941,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM R. GRABER	(i)	192,000.	0.	12,679.	0.	0.	204,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
J. EUGENE GRIGSBY III	(i)	180,500.	0.	0.	0.	0.	180,500.	0.
	(ii)	12,600.	0.	4,753.	0.	0.	17,353.	0.
GEORGE C HALVORSON	(i)	1,188,160.	4,054,050.	1,349,839.	62,820.	12,802.	6,667,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL J HUACO	(i)	278,481.	142,097.	32,520.	66,375.	21,498.	540,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JUDITH JOHANSEN	(i)	175,500.	0.	11,386.	0.	0.	186,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
OLIVIA A KIRK	(i)	212,843.	145,018.	224,911.	34,796.	22,802.	640,370.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RONALD KNOX	(i)	267,114.	154,758.	218,494.	83,495.	12,694.	736,555.	163,875.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHY LANCASTER	(i)	577,270.	612,074.	61,366.	218,461.	13,790.	1,482,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KEITH A. LEE	(i)	10,221.	48,030.	282,551.	1,972.	9,949.	352,723.	200,346.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JANET A. LIANG	(i)	353,924.	149,330.	65,940.	124,229.	9,953.	703,376.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LOUISE LIANG	(i)	67,908.	977,968.	743,899.	6,530.	1,149.	1,797,454.	263,459.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTINE L. MALCOLM	(i)	221,193.	277,885.	1,543,968.	42,811.	13,790.	2,099,647.	561,776.
	(ii)	0.	0.	0.	0.	0.	0.	0.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2009

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SCHEDULE J-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See Instructions for Schedule J (Form 990).

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PHILIP MARINEAU	(i)	180,500.	0.	12,679.	0.	0.	193,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIEL K. MAZANY	(i)	0.	0.	395,000.	0.	0.	395,000.	395,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL MCANDER	(i)	386,168.	50,000.	98,941.	52,449.	14,081.	601,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JUDITH M. MEARS	(i)	216,814.	94,122.	103,899.	89,618.	12,802.	517,255.	52,824.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS R. MEIER	(i)	284,736.	224,422.	58,678.	75,573.	13,127.	656,536.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNY J. MING	(i)	161,000.	0.	12,679.	0.	0.	173,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
INDRAJIT OBEYSEKERE	(i)	203,955.	57,560.	15,770.	33,032.	12,802.	323,119.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTOPHER OHMAN	(i)	281,753.	0.	30,939.	52,811.	12,764.	378,267.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LAURENCE O'NEIL	(i)	0.	0.	897,027.	0.	13,790.	910,817.	896,784.
	(ii)	0.	0.	0.	0.	0.	0.	0.
WADE OVERGAARD	(i)	369,888.	266,234.	88,121.	96,067.	13,127.	833,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CYNTHIA POWERS OVERMYER	(i)	243,865.	88,636.	126,506.	109,476.	13,127.	581,610.	64,161.
	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWARD PEI	(i)	166,000.	0.	0.	0.	0.	166,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JULIE ANNE PETRINI	(i)	350,021.	184,257.	314,751.	95,482.	13,790.	958,301.	88,673.
	(ii)	0.	0.	0.	0.	0.	0.	0.
J. NEAL PURCELL	(i)	202,000.	0.	400.	0.	0.	202,400.	0.
	(ii)	15,200.	0.	10,757.	0.	0.	25,957.	0.
PAUL B RECORDS	(i)	438,890.	312,756.	106,530.	163,110.	12,802.	1,034,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
FRANK P RICHARDSON	(i)	181,977.	37,601.	16,490.	32,460.	9,953.	278,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2009

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SCHEDULE J-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See Instructions for Schedule J (Form 990).

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAMES HENRY SIMPSON III	(i)	300,998.	110,169.	32,947.	67,886.	13,790.	525,790.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SANDRA SMALL	(i)	405,972.	149,096.	205,770.	330,798.	2,298.	1,093,934.	133,784.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ARTHUR M SOUTHAM	(i)	713,074.	908,866.	65,551.	276,362.	11,325.	1,975,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN M STENSON	(i)	387,026.	53,800.	41,079.	57,695.	12,802.	552,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DEBORAH STOKES	(i)	291,085.	175,811.	94,726.	104,729.	13,127.	679,478.	53,951.
	(ii)	0.	0.	0.	0.	0.	0.	0.
WAYNE SWAFFORD	(i)	237,020.	23,552.	58,517.	26,762.	14,162.	360,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CYNTHIA TELLES	(i)	173,000.	0.	6,441.	0.	0.	179,441.	0.
	(ii)	11,600.	0.	0.	0.	0.	11,600.	0.
MARY ANN THODE	(i)	36,879.	793,990.	5,962.	11,010.	11,684.	859,525.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SANDRA THOMPkins	(i)	160,000.	0.	14,604.	0.	0.	174,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BERNARD J TYSON	(i)	680,034.	901,070.	148,868.	262,495.	13,790.	2,006,257.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STANLEY B WATSON	(i)	197,863.	51,567.	60,557.	89,431.	13,790.	413,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
HERMAN M. WEIL	(i)	313,250.	186,483.	235,116.	185,708.	12,451.	933,008.	124,485.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JED WEISSBERG	(i)	264,245.	0.	42,206.	106,480.	13,790.	426,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LARRY WILSON	(i)	295,777.	0.	16,181.	105,673.	12,802.	430,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CARLOS ZARAGOZA	(i)	233,745.	93,503.	48,063.	116,478.	11,862.	503,651.	5,843.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN R. ZATKIN	(i)	545,314.	579,050.	546,352.	90,250.	12,493.	1,773,459.	462,144.
	(ii)	0.	0.	0.	0.	0.	0.	0.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2009

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KAISER FOUNDATION HEALTH PLAN, INC

► See Instructions for Schedule J (Form 990).

Open to Public Inspection

94-1340523

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Schedule J-1 (Form 990) 2009

**SCHEDULE J-2
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the Organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JUDITH M. MEARS VP & ASST GEN COUNSEL	40.00			X				414,835.	0.	102,420.
THOMAS R. MEIER SVP & TREASURER	40.00			X				567,836.	0.	88,700.
INDRAJIT OBEYSEKERE ASSISTANT SECRETARY	40.00			X				277,285.	0.	45,834.
PAUL B RECORDS SVP, HUMAN RESOURCES	40.00			X				858,176.	0.	175,912.
FRANK P RICHARDSON VP, REGIONAL COUNSEL HAWAII	40.00			X				236,068.	0.	42,413.
ARTHUR M SOUTHAM EVP - HEALTH PLAN OPERATIONS	40.00			X				1,687,491.	0.	287,687.
DEBORAH STOKES VP, CONTROLLER AND CAO	40.00			X				561,622.	0.	117,856.
MARY ANN THODE SVP - OFFICE OF LMP	40.00			X				836,831.	0.	22,694.
BERNARD J TYSON EVP - HP & HOSPITAL OPERATIONS	40.00			X				1,729,972.	0.	276,285.
HERMAN M. WEIL SVP, FEDERAL & STATE PROGRAMS	40.00			X				734,849.	0.	198,159.
JED WEISSBERG SVP, QUALITY & CARE DELIVERY	40.00			X				306,451.	0.	120,270.
CARLOS ZARAGOZA VP, PRACTICE LEADER	40.00			X				375,311.	0.	128,340.
STEVEN R. ZATKIN SVP, GENERAL COUNSEL & SECR.	40.00			X				1,670,716.	0.	102,743.
VICTORIA B. ZATKIN DIR BOD SVCS & ASST SECY	40.00			X				266,449.	0.	47,289.
CAROL ANTLE INTERIM SVP, NFS	40.00				X			399,685.	0.	117,504.
ANNE V. CADWELL SVP, CFO PLANNING & CONSULTING	40.00				X			677,517.	0.	26,729.
ALBERT L. CARVER VP, PHARMACY - CA	40.00				X			597,061.	0.	95,712.
GEORGE A DI SALVO SVP-CFO, SCAL REGION	40.00				X			673,558.	0.	125,640.
DEAN J EDWARDS VP, CHIEF PROCUREMENT OFFICER	40.00				X			490,786.	0.	79,867.
MICHAEL J HUACO VP, REAL ESTATE, ENTITLEMENTS	40.00				X			453,098.	0.	87,873.
MICHAEL MCANDER SVP, FINANCE OPERATIONS	40.00				X			535,109.	0.	66,530.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

Part I Excess Benefit Transactions(section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
ATTACHMENT 11										
Total ▶ \$				2,570,743.						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LINE 28B:					
MARK MALCOLM	EMPLOYEE	97,027.	COMPENSATION		X
PHIL FASANO JR	EMPLOYEE	18,512.	COMPENSATION		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

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ATTACHMENT 3

FORM 990 REVIEW PROCESS

PART VI, SECTION B, LINE 11A

1. KEY INFORMATION NECESSARY FOR THE PREPARATION OF THE TAX RETURN IS
OBTAINED AND/OR CONFIRMED WITH INTERNAL SOURCES INCLUDING REGIONAL
FINANCE, EXECUTIVE COMPENSATION, COMMUNITY BENEFITS, TREASURY, GOVERNMENT
RELATIONS, AND LEGAL.

2. COMMUNITY BENEFITS DETAILS ARE PRESENTED TO THE COMMUNITY BENEFIT
COMMITTEE OF THE BOARD FOR REVIEW.

3. EXECUTIVE COMPENSATION DETAILS ARE PRESENTED TO THE COMPENSATION
COMMITTEE OF THE BOARD FOR REVIEW.

4. THE COMPLETE TAX RETURN IS REVIEWED AND SIGNED BY A KPMG TAX
ADVISOR.

5. THE COMPLETE TAX RETURN IS REVIEWED AND SIGNED BY THE SVP, CORPORATE
CONTROLLER AND CHIEF ACCOUNTING OFFICER.

6. THE TAX RETURN IS DISCUSSED WITH THE FULL BOARD OF DIRECTORS. A COPY
OF THE RETURN IS PROVIDED TO EACH BOARD MEMBER IN ELECTRONIC FORMAT PRIOR
TO FILING.

COMPLIANCE ENFORCEMENT

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

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ATTACHMENT 3 (CONT'D)

PART VI, SECTION B, LINE 12C

REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICTS OF
INTEREST POLICY

KAISER PERMANENTE REGULARLY MONITORS COMPLIANCE WITH THE CONFLICTS OF
INTEREST POLICY IN 3 KEY WAYS:

1.THE KAISER PERMANENTE COMPLIANCE HOTLINE IS AVAILABLE TO ALL EMPLOYEES
AND VENDORS TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. ALL
CALLS ARE ANSWERED BY A THIRD PARTY AND PROVIDED TO KAISER PERMANENTE'S
NATIONAL COMPLIANCE OFFICE FOR REVIEW AND APPROPRIATE ACTION. EMPLOYEES
CAN REPORT ANONYMOUSLY AND WITHOUT FEAR OF RETALIATION. REPORTS OF ACTUAL
OR POTENTIAL CONFLICTS OF INTEREST ARE GENERATED AND INVESTIGATIONS ARE
CONDUCTED AS REQUIRED AND INFORMATION IS TRACKED AND TRENDED TO DETERMINE
IF ADDITIONAL GUIDANCE IS REQUIRED TO AVOID CONFLICTS OF INTEREST.
COMPLIANCE HOTLINE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE
KAISER FOUNDATION HEALTH PLAN/ HOSPITALS BOARDS OF DIRECTORS ANNUALLY.

2.THE SENIOR VICE PRESIDENT & CHIEF COMPLIANCE OFFICER AND THE VICE
PRESIDENT OF INTERNAL AUDIT SERVICES ANNUALLY REVIEW THE DIRECTORS',
OFFICERS', KEY EMPLOYEES', AND EXECUTIVES' ANNUAL CONFLICTS OF INTEREST
QUESTIONNAIRE DISCLOSURES AND PROVIDE DIRECTION ON ANY INVESTIGATIONS
REQUIRED. INVESTIGATIONS ARE DOCUMENTED, TRACKED AND TRENDED TO DETERMINE
IF ADDITIONAL CONTROLS OR EDUCATION IS REQUIRED; IN ADDITION, CONFLICTS
OF INTEREST QUESTIONNAIRE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO
THE KAISER FOUNDATION HEALTH PLAN/ HOSPITALS BOARDS OF DIRECTORS
ANNUALLY; AND

Name of the organization

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ATTACHMENT 3 (CONT'D)

3. ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, KPMG REVIEWS THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRES COMPLETED BY DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN AS A RESULT OF THE DISCLOSURES. THE RESULTS OF THE ANNUAL AUDIT, INCLUDING ANY FINDINGS IN THIS AREA ARE PRESENTED TO THE KAISER FOUNDATION HEALTH PLAN/ HOSPITALS AUDIT AND COMPLIANCE COMMITTEE.

REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY

TO ENSURE CONSISTENCY IN THE ENFORCEMENT OF THE POLICY KAISER PERMANENTE USES THE FOLLOWING STEPS AS A GENERAL GUIDELINE:

A. REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTIVE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES.

B. KAISER PERMANENTE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO. 14. CORRECTIVE/DISCIPLINARY ACTION POLICY DURING NEW EMPLOYEE ORIENTATION AND IN ANNUAL COMPLIANCE TRAINING.

C. IN THE EVENT THAT IT IS NECESSARY TO DISCIPLINE ANY EMPLOYEE BECAUSE OF, BUT NOT LIMITED TO, FAILURE TO COMPLY WITH APPLICABLE LEGAL/REGULATORY REQUIREMENTS, KAISER PERMANENTE POLICIES AND PROCEDURES,

Name of the organization	Employer identification number
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<u>ATTACHMENT 3 (CONT'D)</u>	

OR THE PRINCIPLES OF RESPONSIBILITY, OR FOR UNSATISFACTORY PERFORMANCE OR MISCONDUCT, COACHING/COUNSELING AND/OR CORRECTIVE/DISCIPLINARY ACTION MAY INCLUDE, BUT IS NOT LIMITED TO:

- ORAL DISCUSSION AND/OR WARNING BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR OR HIGHER LEVEL MANAGER TO CORRECT THE PROBLEM
- WRITTEN NOTICE, WITH OR WITHOUT FINAL WARNING
- PAID OR UNPAID SUSPENSION, WITH OR WITHOUT FINAL WARNING
- TERMINATION OF EMPLOYMENT

COMPENSATION DETERMINATION

PART VI, SECTION B, LINE 15

THE EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO RECRUIT, RETAIN AND MOTIVATE QUALIFIED SENIOR MANAGEMENT PERSONNEL. SENIOR MANAGEMENT PERSONNEL HAVE A SIGNIFICANT IMPACT ON THE STRATEGIC AND POLICY DIRECTION AND RESULTS OF THE ORGANIZATION. THEREFORE, THE EXECUTIVE COMPENSATION PROGRAM IS, TO A SIGNIFICANT DEGREE, PERFORMANCE-BASED. THE COMPENSATION PROGRAM IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS WHICH EVALUATES AND APPROVES PRIOR TO PAYMENT ALL PROGRAMS AND PAYMENTS TO CEO, EXECUTIVE DIRECTOR AND TOP MANAGEMENT OFFICIALS (EXECUTIVES).

BASE PAY FOR EXECUTIVE POSITIONS IS ESTABLISHED AT A LEVEL COMPARABLE TO THE RELEVANT MARKET. IN ADDITION, OTHER COMPONENTS OF THE COMPENSATION PROGRAM BEAR 'AT-RISK' FEATURES DESIGNED TO FOCUS ON STRATEGICALLY IMPORTANT PERFORMANCE GOALS AND TO ASSIST IN ATTRACTING AND RETAINING TOP PERFORMERS. THE EXECUTIVE COMPENSATION PROGRAM IS TARGETED AT THE MEDIAN OF THE COMPARABLE EXTERNAL MARKET IN WHICH THE ORGANIZATION COMPETES FOR

Name of the organization

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ATTACHMENT 3 (CONT'D)

EXECUTIVE LEADERSHIP. EVALUATION OF COMPARABLE PAY DATA IS PERFORMED BY
AN INDEPENDENT COMPENSATION, BENEFIT & HUMAN RESOURCE CONSULTING FIRM.
THE COMPENSATION PROGRAM FOCUSES ON OBJECTIVES IN THE AREAS OF QUALITY OF
MEMBER CARE AND SERVICE, FINANCIAL SOUNDNESS, AND THE COMMUNITY AND
SOCIAL MISSION OF THE ORGANIZATION.

PUBLIC INSPECTION

PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS - ARE AVAILABLE AS PROVIDED TO THE STATE REGULATORY
AGENCY AND MAINTAINED ON STATE AGENCY WEBSITE OR UPON REQUEST.

CONFLICT OF INTEREST IS AVAILABLE ON KP WEBSITE UNDER VENDOR PRINCIPLES
OF RESPONSIBILITY OR UPON REQUEST.

FINANCIAL STATEMENTS ARE ON FILE WITH THE STATE REGULATORY AGENCY.
COMBINED DATA IS PUBLISHED FOR KAISER FOUNDATION HEALTH PLAN INC. AND
SUBSIDIARIES AND KAISER FOUNDATION HOSPITALS AND SUBSIDIARIES WITH AUDIT
OPINION BY KPMG.

TO REQUEST COPIES CONTACT:

TAX DIRECTOR

KAISER FOUNDATION HEALTH PLAN AND HOSPITALS

ONE KAISER PLAZA, STE 15L

OAKLAND, CA 94612

FAMILY AFFILIATIONS

PART VI, SECTION A, LINE 2

NAME: STEVEN R ZATKIN

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<u>ATTACHMENT 3 (CONT'D)</u>	

FAMILY MEMBER AFFILIATION: SPOUSE: OFFICER OF KFHP INC., KFH AND
SUBSIDIARIES

NAME: VICTORIA ZATKIN

FAMILY MEMBER AFFILIATION: SPOUSE: SENIOR VP, GENERAL COUNSEL AND OFFICER
OF KFH, KFHP INC. AND REGIONAL HEALTH PLANS

NAME: GEORGE DISALVO

FAMILY MEMBER AFFILIATION: DOMESTIC PARTNER, PHYSICIAN SOUTHERN
CALIFORNIA MEDICAL GROUP

NAME: PHILIP FASANO

FAMILY MEMBER AFFILIATION: CHILD, SUMMER INTERN, FINANCE

NAMES OF FOREIGN COUNTRY

PART V, LINE 4B

BERMUDA, BRAZIL, CZECH, DENMARK, GREECE, INDIA, INDONESIA, ISRAEL, KOREA,
MALAYSIA, PAKISTAN, PHILLIPINES, POLAND, TAIWAN, THAILAND AND TURKEY

PAGE 1, PART I, LINE 19

REVENUE LESS EXPENSE DISCLOSURE	CURRENT YEAR
REVENUE LESS EXPENSES	\$287,904,899
OTTI (NOTE 1)	<116,105,583>
GAIN/LOSS ON INVESTMENTS - BOOK	242,684,311
GAIN/LOSS ON INVESTMENTS - TAX	131,364,278
DIVIDEND RECEIVED	<37,000,000>

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ATTACHMENT 3 (CONT'D)

UNAUDITED STANDALONE GAAP REVENUE LESS EXPENSES \$508,847,905

NOTE 1:

OTHER THAN TEMPORARY IMPAIRMENT (OTTI) OF INVESTMENT RECOGNIZED FOR
FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED

EXEMPT PURPOSE ACHIEVEMENTS

PART III, LINE 4A-D

2009 COMMUNITY BENEFIT REPORT

KAISER FOUNDATION HEALTH PLAN, INC.

KAISER FOUNDATION HEALTH PLAN, INC (KFHP), WITH ITS FIVE PRINCIPAL
OPERATING TAX-EXEMPT SUBSIDIARY HEALTH PLANS - KAISER FOUNDATION HEALTH
PLAN OF COLORADO; KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.; KAISER
FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.; KAISER
FOUNDATION HEALTH PLAN OF THE NORTHWEST; AND KAISER FOUNDATION HEALTH
PLAN OF OHIO AS WELL AS KAISER FOUNDATION HOSPITALS (KFH), ARE NONPROFIT
CORPORATIONS THAT ARE PART OF THE INTEGRATED HEALTH CARE DELIVERY SYSTEM
KNOWN AS THE KAISER PERMANENTE MEDICAL CARE PROGRAM OR "KAISER
PERMANENTE", WHICH PROVIDES A PROGRAM OF HEALTHCARE AND MEDICAL SERVICES
AS A PREPAID DIRECT CARE GROUP PRACTICE HEALTH MAINTENANCE ORGANIZATION.

KAISER PERMANENTE IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THAT
COMBINES THE PROVISION AND FINANCING OF HEALTH CARE SERVICES. PEOPLE WHO
ELECT TO ENROLL IN A KAISER PERMANENTE HEALTH PLAN RECEIVE A FULL RANGE

Name of the organization	Employer identification number
KAISER FOUNDATION HEALTH PLAN, INC	94-1340523

ATTACHMENT 3 (CONT'D)

OF PREPAID HEALTH CARE SERVICES, INCLUDING HOSPITAL CARE, PROFESSIONAL CARE IN HOSPITALS AND PHYSICIANS' OFFICES, X-RAY AND LABORATORY SERVICES, PHYSICAL THERAPY, EMERGENCY, AMBULANCE TRANSPORTATION, PREVENTIVE SERVICES, HEALTH EDUCATION AND CERTAIN PRESCRIBED DRUGS. MORE COMPREHENSIVE DRUG COVERAGE IS ALSO PROVIDED THROUGH A SEPARATE COVERAGE RIDER.

PERSONS ENROLL IN KAISER PERMANENTE THROUGH KFHP OR ONE OF THE HEALTH PLAN SUBSIDIARIES ("HEALTH PLAN"). HEALTH PLAN PROVIDES AND ARRANGES COMPREHENSIVE HEALTH CARE SERVICES FOR MEMBERS ON A PREDOMINANTLY PREPAID BASIS AND FULFILLS ITS CONTRACTUAL OBLIGATIONS TO GROUP AND INDIVIDUAL MEMBERS BY CONTRACTING WITH KFH AND A PERMANENTE MEDICAL GROUP TO PROVIDE THE REQUIRED HEALTH CARE SERVICES.

MEMBERS RECEIVE SERVICES FROM VARIOUS PERMANENTE MEDICAL GROUPS IN THE RESPECTIVE KAISER PERMANENTE REGIONS. THE PERMANENTE MEDICAL GROUPS ACCEPT RESPONSIBILITY FOR PROFESSIONAL CARE OF HEALTH PLAN MEMBERS AND ARE RESPONSIBLE FOR THEIR OWN PHYSICIAN RECRUITMENT, SELECTION AND STAFFING; THEY ARE LEGALLY SEPARATE ENTITIES INDEPENDENT FROM HEALTH PLAN, KFH AND EACH OTHER. THE PERMANENTE MEDICAL GROUPS GENERALLY TREAT MEMBERS IN FACILITIES OWNED, LEASED OR CONTRACTED BY KFHP OR KFH.

KFHP AND KFH ARE SEPARATE CORPORATIONS GOVERNED BY IDENTICAL BOARDS OF DIRECTORS. KFH ACCEPTS RESPONSIBILITY TO PROVIDE OR ARRANGE NECESSARY HOSPITAL SERVICES AND FACILITIES FOR HEALTH PLAN MEMBERS. KFH OWNS AND

Name of the organization

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ATTACHMENT 3 (CONT'D)

OPERATES 38 LICENSED HOSPITALS, INCLUDING FIVE LICENSED HOSPITALS WITH MULTIPLE CAMPUSES IN CALIFORNIA, HAWAII AND OREGON, WHICH PROVIDE EMERGENCY AND INPATIENT SERVICES TO ALL PERSONS IN THE COMMUNITY. STAFF PRIVILEGES ARE AVAILABLE ON A NONDISCRIMINATORY BASIS TO PHYSICIANS IN THE COMMUNITIES SERVED. KFH ALSO CONTRACTS WITH OTHER COMMUNITY HOSPITALS TO PROVIDE HOSPITAL SERVICES TO MEMBERS FOR SPECIALIZED CARE AND OTHER SERVICES.

IN CALIFORNIA, KFH MEDICAL CENTERS ARE LOCATED IN THE CITIES OF ANAHEIM, ANTIOCH, BALDWIN PARK, BELLEFLOWER, FONTANA, FREMONT, FRESNO, HARBOR CITY, HAYWARD, IRVINE, LOS ANGELES, MANTECA, MODESTO, MORENO VALLEY, OAKLAND, PANORAMA CITY, REDWOOD CITY, RICHMOND, RIVERSIDE, ROSEVILLE, SACRAMENTO, SAN DIEGO, SAN FRANCISCO, SAN RAFAEL, SAN JOSE, SAN LEANDRO, SANTA CLARA, SANTA ROSA, SANTA TERESA, SOUTH SACRAMENTO, SOUTH SAN FRANCISCO, VALLEJO, VACAVILLE, WALNUT CREEK, WEST LOS ANGELES, AND WOODLAND HILLS. IN HAWAII, THE MOANALUA MEDICAL CENTER IS LOCATED IN THE CITY OF HONOLULU ON THE ISLAND OF OAHU.

SERVICES PROVIDED BY KFH AND MEMBERSHIP IN HEALTH PLAN ARE AVAILABLE WITHOUT REGARD TO SEX, RACE, RELIGION, ETHNIC BACKGROUND, SEXUAL ORIENTATION, OCCUPATIONAL STATUS, OR INCOME LEVEL. HEALTH PLAN MEMBERS ARE BROADLY REPRESENTATIVE OF THE VARIOUS AGES, SOCIAL, AND INCOME GROUPS WITHIN THE AREAS SERVED. ONCE ENROLLED, A MEMBER IS FREE TO MAINTAIN MEMBERSHIP REGARDLESS OF AGE, HEALTH STATUS, OR EMPLOYMENT.

Name of the organization

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ATTACHMENT 3 (CONT'D)

KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY

THROUGH THE KAISER PERMANENTE MISSION, THE ORGANIZATION CONTRIBUTES TO THE HEALTH OF COMMUNITIES IN TWO RELATED WAYS. FIRST, KAISER PERMANENTE STRIVES FOR EXCELLENCE IN SERVING ITS 8.6 MILLION MEMBERS THROUGH MARKET-LEADING PERFORMANCE IN QUALITY, SERVICE AND AFFORDABILITY. BY DOING SO, KAISER PERMANENTE PROVIDES A DISCIPLINE IN THE MARKETPLACE BY DEMONSTRATING MEANINGFUL VALUE AND AFFORDABILITY, AND GENERATING RESOURCES TO REINVEST IN THE COMMUNITY'S HEALTH.

SECOND, KAISER PERMANENTE DIRECTLY INVESTS IN IMPROVEMENTS TO COMMUNITY HEALTH BY WORKING TO INCREASE ACCESS FOR THE UNDERSERVED, DISSEMINATING CARE IMPROVEMENTS, ALTERING THE SOCIAL DETERMINANTS OF HEALTH, EDUCATING HEALTH CARE WORKERS AND CONSUMERS, AND INFORMING PUBLIC POLICY.

THIS LATTER APPROACH, WHICH KAISER PERMANENTE CALLS DIRECT COMMUNITY BENEFIT INVESTMENT (DCBI), IS FUNDAMENTAL TO BEING A NONPROFIT ORGANIZATION. IT EMBODIES THE ORGANIZATION'S COMMITMENT TO IMPROVE THE HEALTH OF COMMUNITIES BEYOND SERVICES TO HEALTH PLAN MEMBERS. IT IS MORE THAN TRADITIONAL CORPORATE CITIZENSHIP OR CORPORATE PHILANTHROPY. IT IS AN INTENTIONAL, PLANNED, BUDGETED, MEASURABLE, ACCOUNTABLE CREATION FOR BETTER HEALTH IN OUR COMMUNITIES. IT IS DONE IN COLLABORATION WITH, NOT IN ISOLATION FROM, THE COMMUNITY. DCBI SERVES TO FULFILL KAISER PERMANENTE'S SOCIAL PURPOSE, JUSTIFY ITS TAX-EXEMPT STATUS, AND DIFFERENTIATE IT FROM OTHER HEALTH CARE ORGANIZATIONS.

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ATTACHMENT 3 (CONT'D)

THIS TRADITION OF COMMUNITY BENEFIT DATES FROM THE EARLIEST DAYS OF THE PROGRAM, WHEN CHARITABLE CARE TO NON-EMPLOYEES, AND LATER, NONMEMBERS, WAS INITIATED. THAT HERITAGE HAS CONTINUED THROUGH THE YEARS IN KAISER PERMANENTE'S EARLY PARTICIPATION IN PUBLICLY FINANCED PROGRAMS SUCH AS MEDICAID AND MEDICARE, ESTABLISHMENT OF RESIDENCY TRAINING AND MEDICAL RESEARCH PROGRAMS, AND LATER, IN THE DEVELOPMENT OF EDUCATIONAL THEATRE PROGRAMS, SAFETY NET PARTNERSHIPS, COMMUNITY HEALTH INITIATIVES, AND CHARITABLE HEALTH COVERAGE PROGRAMS.

IN 2001, THE BOARD REAFFIRMED DCBI AS A NATIONAL PROGRAM AND SET THE FOLLOWING FOUR GOALS:

- ADDRESS CRITICAL QUESTIONS IN AMERICAN HEALTH CARE THAT THE PROGRAM'S HISTORY, CULTURE AND COMPETENCIES POSITION IT UNIQUELY TO EXAMINE.
- BUILD THE REPUTATION OF KAISER PERMANENTE FOR ITS LEADERSHIP IN HELPING TO SOLVE MAJOR HEALTH CHALLENGES.
- CREATE A PROGRAM THAT ENGAGES THE CREATIVITY AND SPIRIT OF THE PEOPLE OF KAISER PERMANENTE AT ALL LEVELS.
- MEET THE REQUIREMENTS PLACED ON KFH, KFHP, AND ITS SUBSIDIARY HEALTH PLANS AS TAX-EXEMPT ORGANIZATIONS THAT RETURN VALUE TO THE COMMUNITIES SERVED BEYOND THE PROVISION OF HEALTH CARE TO MEMBERS.

Name of the organization

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ATTACHMENT 3 (CONT'D)

THE BOARD DIRECTED THAT THIS NEW DCBI PROGRAM BE GUIDED BY A NATIONAL STRATEGY, WITH CONTINUED LOCAL FLEXIBILITY AND IMPLEMENTATION. THE PROGRAM IS SUPPORTED BY NATIONAL AND REGIONAL FUNDING POOLS, AND BUILT ON THE ORGANIZATION'S INTEGRATED HEALTH CARE SYSTEM. IN 2007, THE KFHP/H BOARD OF DIRECTORS REFINED THE FOCUS OF THE ORGANIZATION'S COMMUNITY BENEFIT PROGRAM AND ESTABLISHED THE FOLLOWING FOUR PRIORITY AREAS, WHICH HAVE COME TO BE KNOWN AS "STREAMS OF WORK":

- CARE AND COVERAGE FOR LOW-INCOME PEOPLE - CREATES AND SUPPORTS PROGRAMS THAT LOWER THE FINANCIAL BARRIERS FOR THE UNDER- AND UNINSURED.
- COMMUNITY HEALTH INITIATIVES - DESIGNS, DELIVERS, AND SUSTAINS LONG-TERM PROGRAMS THAT ENGAGE COMMUNITIES IN WORK TO IMPROVE CONDITIONS IN THEIR NEIGHBORHOODS.
- SAFETY NET PARTNERSHIPS - BUILDS PARTNERSHIPS WITH COMMUNITY CLINICS, LOCAL HEALTH DEPARTMENTS, AND PUBLIC HOSPITALS. PROVIDES FUNDING, TECHNICAL ASSISTANCE, DISSEMINATION OF CARE MANAGEMENT AND QUALITY IMPROVEMENTS TECHNOLOGY TO HELP IMPROVE CARE AND EXPAND TREATMENT CAPACITY FOR VULNERABLE POPULATIONS.
- DEVELOPING AND DISSEMINATING KNOWLEDGE - IMPROVES HEALTH CARE BY SHARING OUR KNOWLEDGE, EDUCATING PRACTITIONERS, ADVANCING RESEARCH, EMPOWERING CONSUMERS, AND INFORMING POLICYMAKERS ABOUT THE EVIDENCE BASE FOR CARE AND HEALTH.

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ATTACHMENT 3 (CONT'D)

THE BOARD ELABORATED THAT AT LEAST 75% OF TOTAL COMMUNITY BENEFIT FUNDING WILL BE DIRECTED TO PROGRAM PRIORITIES WITHIN THE FOUR STREAMS OF WORK AND THE REMAINING 25% OF FUNDING WILL BE DIRECTED BY LOCAL REGIONS TO RESPOND TO LOCAL COMMUNITY BENEFIT NEEDS AND OPPORTUNITIES THAT MAY OR MAY NOT BE WITHIN THE FOUR PRIORITY AREAS.

THE KFHP/H BOARD HAS A STANDING COMMUNITY BENEFIT COMMITTEE OF THE BOARD OF DIRECTORS TO OVERSEE THE PROGRAM-WIDE COMMUNITY BENEFIT PROGRAM. KAISER PERMANENTE ALSO HAS A NATIONAL EXECUTIVE OF KFHP AND KFH TO LEAD KAISER PERMANENTE'S COMMUNITY BENEFIT PROGRAM AS A FULL-TIME ASSIGNMENT. RAYMOND J. BAXTER, PHD IS THE SENIOR VICE PRESIDENT FOR COMMUNITY BENEFIT, RESEARCH AND HEALTH CARE POLICY, REPORTING TO THE CEO AND CHAIRMAN OF THE BOARD.

COMMUNITY BENEFIT PROVIDED BY KAISER FOUNDATION HEALTH PLAN, INC.

KFHP PROVIDES COMPREHENSIVE HEALTH CARE SERVICES ON A PRIMARILY PREPAID BASIS THROUGH AN INTEGRATED HEALTH CARE DELIVERY SYSTEM, AVAILABLE TO THE COMMUNITY AS A WHOLE. BECAUSE THE HEALTH PLAN IS A NONPROFIT ORGANIZATION, REVENUES THAT EXCEED THE COST OF OPERATIONS AND PROVISION OF CARE ARE REINVESTED IN THE PROGRAM TO IMPROVE FACILITIES AND SERVICES, INCREASE BENEFITS, FULFILL OUR CHARITABLE MISSION, AND PROVIDE AFFORDABLE RATES RATHER THAN TO PAY DIVIDENDS TO STOCKHOLDERS.

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KFHP PROVIDES CARE THAT EMPHASIZES PREVENTION, MINIMIZES MEDICAL INDIGENCE, AND CONTRIBUTES TO IMPROVING THE QUALITY OF LIFE IN THE COMMUNITIES WE SERVE. TO SERVE THE COMMUNITY BY PROVIDING AFFORDABLE, COMPREHENSIVE HEALTH CARE AND TO SUPPORT ITS SOCIAL MISSION, KFHP IS ORGANIZED AND OPERATED AS A FULLY INTEGRATED DELIVERY SYSTEM.

- INTEGRATED SERVICES AND FACILITIES - KFHP HAS ORGANIZED AND INTEGRATED THE PROFESSIONAL AND PHYSICAL RESOURCES REQUIRED TO PROVIDE COMPREHENSIVE HEALTH CARE. IN HOSPITAL-BASED KAISER PERMANENTE REGIONS, THIS CARE PRIMARILY OCCURS AT MAJOR MEDICAL CENTERS, AS WELL AS AT NEARBY OUTPATIENT MEDICAL OFFICES OWNED BY KFH AND AT MEDICAL OFFICE BUILDINGS OWNED OR LEASED BY KFHP. MEMBERS TYPICALLY HAVE ALL THE SERVICES AND PROFESSIONAL CARE THEY REQUIRE IN ONE PLACE, WHICH FACILITATES A COORDINATED APPROACH TO CARE.

- GROUP PRACTICE - THE CONTRACTING PERMANENTE MEDICAL GROUPS ARE LARGE MULTI-SPECIALTY GROUP PRACTICES THAT TAKE RESPONSIBILITY FOR PROVIDING COMPREHENSIVE CARE TO A DEFINED POPULATION IN FACILITIES OWNED OR LEASED BY KFH OR KFHP. THE INCOME THAT PERMANENTE MEDICAL GROUPS AND THEIR PHYSICIANS RECEIVE IS IN CONSIDERATION OF THEIR PROFESSIONAL, MEDICAL, AND RELATED SERVICES. THE AMOUNTS PAID TO THE PERMANENTE MEDICAL GROUPS ARE NEGOTIATED ANNUALLY. THROUGH SUCH FIXED PAYMENT ARRANGEMENTS (AS DISTINGUISHED FROM FEE-FOR-SERVICE PAYMENT), KFHP REMOVES INCENTIVES TO PERFORM UNNEEDED SERVICES AND ENCOURAGES USE OF THE MOST APPROPRIATE

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MEDICAL CARE. GROUP PRACTICE ENHANCES QUALITY AND APPROPRIATENESS OF CARE FOR MEMBERS AND FOR THE COMMUNITY BY FACILITATING THE DEVELOPMENT AND SHARING OF "BEST CLINICAL PRACTICES".

- PREPAYMENT - GENERALLY, KFHP PAYS THE PERMANENTE MEDICAL GROUPS A PER-MEMBER PAYMENT ON A BUDGETED PREPAID BASIS THAT DOES NOT VARY WITH THE AMOUNT OF SERVICE PROVIDED. PERMANENTE MEDICAL GROUP PHYSICIANS ARE GENERALLY NOT COMPENSATED ON A FEE-FOR-SERVICE BASIS.

- BENEFIT PLANS - KFHP OFFERS A VARIETY OF COVERAGE OPTIONS THAT PROVIDE FOR UNLIMITED HOSPITAL DAYS, PHYSICIAN VISITS, PREVENTIVE SERVICES, IMMUNIZATIONS, WELL-BABY CARE, AND PRENATAL CARE. IN ORDER TO MAXIMIZE AFFORDABILITY AND ENCOURAGE PEOPLE AT DIFFERENT INCOME LEVELS TO PURCHASE COVERAGE, KFHP OFFERS A VARIETY OF COST-SHARING OPTIONS. COMPREHENSIVE, PREPAID COVERAGE WITH DIFFERING LEVELS OF PREMIUM AND COST-SHARING MINIMIZES FINANCIAL BARRIERS TO CARE, PROMOTING EARLY CONSULTATION, DETECTION AND TREATMENT OF DISEASE. KFHP ACTIVELY ENCOURAGES MEMBERS TO MAINTAIN THEIR HEALTH THROUGH REGULAR PREVENTIVE SELF-CARE.

- NO PRE-EXISTING CONDITION EXCLUSIONS - PRE-EXISTING CONDITION EXCLUSIONS ALLOW CARRIERS TO EXCLUDE FROM COVERAGE CARE FOR A CONDITION THAT EXISTED BEFORE ENROLLMENT WITH THE CARRIER. KFHP IMPOSES NO PRE-EXISTING CONDITION EXCLUSIONS FOR GROUP MEMBERS AND THEREBY PROVIDES SUBSTANTIAL PROTECTION FOR NEW MEMBERS WHO ARE ILL AT THE TIME OF ENROLLMENT. KFHP OFFERED HEALTH BENEFITS COVERAGE IN ALL ITS MARKETS

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WITHOUT ANY PRE-EXISTING CONDITION EXCLUSIONS FOR MANY YEARS PRIOR TO RECENTLY ENACTED FEDERAL AND STATE STATUTES PROHIBITING PRE-EXISTING CONDITION EXCLUSIONS IN CERTAIN MARKETS. BY ENSURING THAT ALL OUR ENROLLEES ARE COVERED FOR ALL THEIR MEDICAL NEEDS, WE REDUCE THE AMOUNT OF UNCOMPENSATED CARE, PROMOTE THE HEALTH OF OUR MEMBERS, AND PREVENT MEDICAL INDIGENCE.

- PARTICIPATION IN MEDICARE - KFHP HAS PARTICIPATED IN MEDICARE SINCE IT WAS FIRST IMPLEMENTED IN 1965. IN 2009, KFHP AND ITS SUBSIDIARIES ENROLLED APPROXIMATELY 944,000 MEDICARE BENEFICIARIES, PROVIDING MEDICARE PART A AND PART B SERVICES, PLUS ADDITIONAL DRUG, OPTICAL, AND INPATIENT COVERAGE.

- PARTICIPATION IN MEDICAID - KFHP BEGAN ENROLLING MEDICAID BENEFICIARIES IN THE MID-1960S. CURRENTLY, KFHP AND CERTAIN SUBSIDIARIES PROVIDE CARE TO MORE THAN 188,000 MEDICAID MANAGED CARE MEMBERS AND IN ADDITION SERVE A LARGE NUMBER OF MEDICARE AND MEDICAID PATIENTS ON A FEE-FOR-SERVICE BASIS. KFHP ALSO PARTICIPATES IN THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP), SERVING AN ADDITIONAL 171,903 CHILDREN IN 2009.

THE COMMUNITY BENEFIT PROGRAMS IN CALIFORNIA AND HAWAII

IN 2009, KAISER PERMANENTE SPENT APPROXIMATELY \$1.7 BILLION OR APPROXIMATELY 4% OF REVENUE TO SUPPORT THE COMMUNITY BENEFIT PROGRAM. IN CALIFORNIA AND HAWAII, KFHP SPENT APPROXIMATELY \$615 MILLION. A

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BREAKDOWN OF THE 2009 COMMUNITY BENEFIT DOLLARS ATTRIBUTABLE TO KFHP IN

CALIFORNIA AND HAWAII ARE DESCRIBED IN ATTACHMENT A.

THE FOLLOWING IDENTIFIES MANY OF THE SIGNATURE COMMUNITY BENEFIT PROGRAMS AND SERVICES, GROUPED ACCORDING TO THE NATIONAL STREAMS OF WORK, FUNDED BY KFHP IN CALIFORNIA AND HAWAII.

CARE AND COVERAGE FOR LOW-INCOME PEOPLE

THERE ARE ROUGHLY 46 MILLION AMERICANS WITHOUT ACCESS TO HEALTH CARE OR COVERAGE. UNINSURED, LOW-INCOME INDIVIDUALS AND FAMILIES WHO ARE NOT ELIGIBLE FOR PUBLIC PROGRAMS OFTEN HAVE TO RELY ON TRADITIONAL CHARITY CARE. FREQUENTLY, INDIVIDUALS IN THIS SITUATION MAY WAIT TO SEEK MEDICAL CARE UNTIL THEIR CONDITIONS BECOME CRITICAL, AND END UP IN HOSPITAL EMERGENCY ROOMS FOR TREATMENT OF CONDITIONS THAT ARE PREVENTABLE OR EASILY TREATED IN EARLIER STAGES. IN 2009, KFHP EXPENDED APPROXIMATELY \$567 MILLION TO ADDRESS THE FINANCING AND DELIVERY OF HEALTH CARE FOR POPULATIONS VULNERABLE DUE TO SOCIO-ECONOMIC STATUS, ILLNESS, ETHNICITY, AGE, OR OTHER FACTORS. PROGRAM BENEFICIARIES (UNDER- AND UNINSURED) RECEIVED FREE OR DISCOUNTED CARE IN A KAISER PERMANENTE FACILITY OR BY A PERMANENTE PROVIDER.

FOLLOWING ARE HIGHLIGHTS OF THE PROGRAMS AND SERVICES PROVIDED TO VULNERABLE POPULATIONS IN CALIFORNIA AND HAWAII. A MORE COMPLETE DESCRIPTION OF THE DCBI ATTRIBUTABLE TO KFHP REGIONALLY IS DESCRIBED BELOW.

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CHARITABLE CARE (MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE)

KFHP PROVIDES CHARITY CARE TO LOW-INCOME VULNERABLE POPULATIONS THROUGH THE MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE HEALTH COVERAGE PROGRAMS. IN 2009, KFHP ENSURED ACCESS TO CARE FOR APPROXIMATELY 66,055 CHARITY CARE APPLICANTS AND MORE THAN 91,193 CHARITABLE COVERAGE MEMBERS. KFHP CONTRIBUTED \$151 MILLION TO HELP THESE PATIENTS PAY FOR CARE PROVIDED IN KAISER PERMANENTE FACILITIES IN CALIFORNIA AND HAWAII.

MEDICAL FINANCIAL ASSISTANCE (MFA)

EACH HOSPITAL-BASED REGION OFFERS FINANCIAL ASSISTANCE TO HELP FAMILIES AND INDIVIDUALS WHO ARE UNABLE TO MEET ALL OR PART OF THE COST OF MEDICAL CARE ON AN IMMEDIATE AND NONRECURRING BASIS. KAISER PERMANENTE EXPANDED ITS CHARITY CARE PROGRAM TO INCLUDE DISCOUNTED CHARGES FOR UNINSURED PATIENTS BELOW 400% OF THE FEDERAL POVERTY GUIDELINES AND ALIGNED CONTRACTED COLLECTION AGENCY PRACTICES WITH KAISER PERMANENTE SOCIAL VALUES. THE AMOUNT REPORTED UNDER THIS CATEGORY IS ONLY PART OF THE FUNDS SPENT BY KFHP FOR THE POOR AND UNINSURED. THE ORGANIZATION'S COMMITMENT TO CHARITABLE CARE IS ALSO REFLECTED IN A VARIETY OF OTHER PROGRAMS AND INITIATIVES SUCH AS THE CHARITABLE COVERAGE PROGRAM, AND GRANTS AND DONATIONS TO COMMUNITY CLINICS AND OTHER SAFETY NET PROVIDERS.

THE MFA PROGRAM IN CALIFORNIA STRIVES TO ASSIST FAMILIES AND INDIVIDUALS WHO ARE UNABLE TO MEET ALL OR PART OF THE COST OF MEDICAL CARE ON AN

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IMMEDIATE AND NONRECURRING BASIS. THE PROGRAM IS DESIGNED TO ASSIST AS MANY PATIENTS AS REASONABLY POSSIBLE AND IS GENERALLY AVAILABLE TO PEOPLE IN GREATEST FINANCIAL NEED, INCLUDING THOSE EXPERIENCING UNUSUAL OR UNFORTUNATE CIRCUMSTANCES. IN CALIFORNIA, THE MFA PROGRAM'S ELIGIBILITY CRITERIA ALLOWS PATIENTS, BELOW 350% OF THE FEDERAL POVERTY GUIDELINES (FPG), TO RECEIVE FULL WRITE OFF, UNINSURED PATIENTS WHO DO NOT QUALIFY FOR MFA BUT MAKE LESS THAN THE 400% FPG WILL RECEIVE UP TO A 70% DISCOUNT ON CHARGES AND ANY PATIENT EXPERIENCING FINANCIAL HARDSHIP DUE TO UNREASONABLE MEDICAL EXPENSES RELATIVE TO THEIR INCOME MAY QUALIFY FOR THE PROGRAM UNDER "SPECIAL CIRCUMSTANCES". IN 2009, THE PROGRAM SERVED 65,424 APPLICANTS.

IN HAWAII, THE MFA PROGRAM HELPS PEOPLE WITH VERY LIMITED OR NO FINANCIAL RESOURCES TO OBTAIN MEDICALLY NECESSARY CARE. THE PROGRAM IS OPEN TO MEMBERS AND NONMEMBERS WHO CAN NOT PAY FOR ALL OR PART OF THE COST OF HEALTH CARE SERVICES AND SUPPLIES. INDIVIDUALS APPLYING FOR THE PROGRAM HAVE TO EXHAUST ANY PRIVATE OR PUBLIC SOURCES OF SUPPORT AND MUST MEET THE FINANCIAL ELIGIBILITY CRITERIA. IN 2009, THE MFA PROGRAM IN HAWAII SERVED 631 PATIENTS.

CHARITABLE HEALTH COVERAGE PROGRAM

CHARITABLE HEALTH COVERAGE (CHC) IS A UNIQUE APPROACH TO CARING FOR LOW-INCOME UNINSURED PEOPLE IN THE COMMUNITY. PARTICIPANTS RECEIVE A REGULAR KAISER PERMANENTE MEMBERSHIP CARD AND ACCESS TO THE FULL RANGE OF OUR SERVICES AND PROVIDERS-A MUCH BETTER ALTERNATIVE TO BRIEF AND COSTLY

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EMERGENCY ROOM VISITS OR HOSPITALIZATION. THIS ALLOWS US TO INVEST IN THE
LONGER TERM HEALTH OF PATIENTS AND THE COMMUNITY.

SINCE THE EARLY 1980S, CHC PROGRAMS HAVE MADE A REAL DIFFERENCE IN THE
LIVES OF LOW INCOME PEOPLE WHO WERE NOT ELIGIBLE FOR OTHER PUBLIC OR
PRIVATELY SPONSORED COVERAGE. IN 2009, APPROXIMATELY 91,193 LOW-INCOME
ADULTS AND CHILDREN RECEIVED HEALTH CARE COVERAGE THROUGH KAISER
PERMANENTE'S CHARITABLE HEALTH COVERAGE PROGRAMS IN CALIFORNIA AND
HAWAII. KFHP EXPENDED \$152 MILLION TO PROVIDE SUBSIDIZED CARE FOR THESE
UNDERSERVED POPULATIONS IN 2009.

THE STEPS PLAN AND KAISER PERMANENTE CHILD HEALTH PLAN ARE THE SPECIFIC
PRODUCTS THAT FORM THE CHARITABLE HEALTH COVERAGE PROGRAM IN CALIFORNIA.

KAISER PERMANENTE STEPS PLAN - THE STEPS PLAN PROVIDED 26,792 MEMBERS THE
OPPORTUNITY TO CONTINUE THEIR HEALTH CARE COVERAGE AT REDUCED COST WHEN
EXPERIENCING FINANCIAL DIFFICULTY DUE TO JOB LOSS, INVOLUNTARY REDUCTION
IN WORK HOURS, LEGAL SEPARATION, DIVORCE, OR DEATH OF A SPOUSE.

TYPICALLY, PARTICIPANTS ARE NOT ELIGIBLE FOR ANY PUBLIC OR PRIVATE GROUP
HEALTH INSURANCE PLAN, AND HAVE FAMILY INCOME BETWEEN 100% AND 300% OF
THE FEDERAL INCOME GUIDELINES. THE PLAN IS AVAILABLE TO PARENTS OF
CHILDREN ENROLLED IN AIM, HEALTHY FAMILIES, OR KAISER PERMANENTE CHILD
HEALTH PLAN AS WELL AS TO INDIVIDUALS PARTICIPATING IN VOCATIONAL
TRAINING PROGRAMS OFFERED THROUGH GOVERNMENT, PRIVATE INDUSTRY COUNCILS,
AND SOCIAL AGENCIES. THE STEPS PLAN PREMIUM IS SUBSIDIZED AT FOUR LEVELS

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OR STEPS: 20%, 40%, 60%, AND 80%. PARTICIPANTS ARE PLACED IN AN INITIAL PREMIUM STEP BASED ON THEIR CURRENT FAMILY INCOME. THEY REMAIN AT THE INITIAL STEP FOR ONE YEAR AND ARE THEN MOVED TO THE NEXT HIGHER STEP.

KAISER PERMANENTE CHILD HEALTH PLAN (KPCHP) - THE CHILD HEALTH PLAN PROVIDES MEDICAL AND DENTAL COVERAGE TO ELIGIBLE CHILDREN (BIRTH THROUGH 18) IN FAMILIES WITH INCOME UP TO 300% OF THE FEDERAL POVERTY GUIDELINES WHO DO NOT HAVE ACCESS TO EMPLOYER-SUBSIDIZED COVERAGE AND DO NOT QUALIFY FOR PUBLIC PROGRAMS BECAUSE OF FAMILY INCOME OR IMMIGRATION STATUS. CHILD HEALTH PLAN PROVIDES COMPREHENSIVE BENEFITS INCLUDING PREVENTIVE CARE, INPATIENT AND OUTPATIENT SERVICES, PRESCRIPTION DRUGS, AND VISION AND DENTAL CARE. PREMIUMS ARE \$8 OR \$15 PER CHILD PER MONTH, DEPENDING ON FAMILY INCOME, FOR A MAXIMUM OF THREE CHILDREN (ADDITIONAL CHILDREN ARE COVERED FREE OF CHARGE). IN 2009, APPROXIMATELY 86,392 CHILDREN RECEIVED CARE AND COVERAGE THROUGH THIS PROGRAM.

PARTICIPATION IN MEDICAID AND OTHER GOVERNMENT-SPONSORED PROGRAMS KFH AND KFHP HAVE A LONG HISTORY OF PARTICIPATING IN PUBLICLY FINANCED HEALTH PROGRAMS. IN 2009, \$646 MILLION WAS EXPENDED (IN EXCESS OF REIMBURSEMENT) AND MORE THAN 345,000 PEOPLE WERE SERVED IN GOVERNMENT-SPONSORED PROGRAMS FOR LOW-INCOME PEOPLE IN CALIFORNIA AND HAWAII. APPROXIMATELY \$333 MILLION IS ATTRIBUTED TO SERVICES PROVIDED BY KFHP.

KAISER PERMANENTE MEDI-CAL MANAGED CARE, MEDI-CAL FEE-FOR-SERVICE, AND

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HEALTHY FAMILIES ARE SPECIFIC GOVERNMENT-SPONSORED HEALTH CARE COVERAGE PROGRAMS IN CALIFORNIA.

MEDI-CAL - KFHP ENROLLED 157,495 MEDI-CAL (MEDICAID) MANAGED CARE MEMBERS IN CALIFORNIA. KFHP SUBCONTRACTS WITH LOCAL INITIATIVES IN ALAMEDA, CONTRA COSTA, LOS ANGELES, RIVERSIDE, SAN BERNARDINO, SAN FRANCISCO, AND SANTA CLARA COUNTIES, WITH COUNTY-ORGANIZED HEALTH SYSTEMS IN NAPA, SOLANO, AND ORANGE COUNTIES. KFHP ALSO CONTRACTS DIRECTLY WITH THE STATE OF CALIFORNIA THROUGH THE GEOGRAPHIC MANAGED CARE PLAN FOR SACRAMENTO AND SAN DIEGO COUNTIES, AND THROUGH THE PREPAID HEALTH PLAN FOR MARIN AND SONOMA COUNTIES.

MEDI-CAL FEE-FOR-SERVICE - KFHP AND KFH IN CALIFORNIA PROVIDED \$167 MILLION IN SUBSIDIZED CARE TO MORE THAN 69,000 MEDI-CAL FEE-FOR-SERVICE PATIENTS. OF THIS AMOUNT, APPROXIMATELY \$1.6 MILLION IS ATTRIBUTED TO SERVICES PROVIDED BY KFH.

HEALTHY FAMILIES - KFHP ENROLLED MORE THAN 157,000 CHILDREN IN THIS FEDERAL-AND STATE-FUNDED INSURANCE PROGRAM THAT PROVIDES LOW- AND MODERATE-INCOME FAMILIES WITH HEALTH INSURANCE FOR THEIR CHILDREN UNDER 19 YEARS OF AGE. THE PROGRAM PROVIDES COMPREHENSIVE HEALTH BENEFITS, INCLUDING DENTAL AND VISION CARE. TO QUALIFY, FAMILIES MUST HAVE A TOTAL INCOME BETWEEN 100% AND 250% OF THE FEDERAL INCOME GUIDELINES AND THE CHILDREN MUST BE INELIGIBLE FOR MEDI-CAL COVERAGE.

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IN HAWAII, KFH AND KFHP SERVED BOTH MEDICAID MEMBERS AND MEDICAID FEE-FOR-SERVICE BENEFICIARIES AND PARTICIPATED IN THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM.

QUEST AND MEDICAID FEE-FOR-SERVICE - QUEST IS A MEDICAID MANAGED CARE PROGRAM RUN BY HAWAII'S DEPARTMENT OF HUMAN SERVICES. THE STATE ADMINISTERS THE QUEST PROGRAM AND PAYS HEALTH PLAN TO PROVIDE COVERAGE OF MEDICAL AND MENTAL HEALTH SERVICES. KFHP AND KFH PARTICIPATE IN THE QUEST PROGRAMS ON THE ISLANDS OF OAHU AND MAUI. KFHP AND KFH PROVIDED CARE TO 20,444 INDIVIDUALS ENROLLED IN QUEST AND EXPENDED APPROXIMATELY \$18 MILLION ON SUBSIDIZED MEDICAL CARE SERVICES. THE HAWAII REGION ALSO CONTRIBUTED AN ADDITIONAL \$4.4 MILLION ON SUBSIDIZED CARE FOR MEDICAID FEE-FOR-SERVICE PATIENTS.

CHIP - THIS GOVERNMENT PROGRAM PROVIDES CHILDREN WITH FAMILY INCOME UP TO TWICE THE FEDERAL POVERTY GUIDELINE FOR HAWAII, HEALTH CARE COVERAGE UNDER TITLE XXI OF THE SOCIAL SECURITY ACT. CHIP IS ONE OF SEVERAL AID CATEGORIES UNDER THE QUEST PROGRAM. MORE THAN 3,500 CHILDREN ENROLLED IN THIS PROGRAM WERE CARED FOR BY KFHP AND KFH IN HAWAII.

COMMUNITY HEALTH INITIATIVES

AS AN INNOVATOR IN HEALTH, KAISER PERMANENTE DESIGNS, DELIVERS, AND SUSTAINS LONG-TERM PROGRAMS THAT ENGAGE COMMUNITIES IN WORK TO IMPROVE CONDITIONS IN THEIR NEIGHBORHOODS, WORKPLACES, AND SCHOOLS TO SUPPORT

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GOOD HEALTH. OUR COMMUNITY HEALTH INITIATIVES (CHI) STARTED WITH A FOCUS ON NUTRITION AND PHYSICAL ACTIVITY. OUR WORK HAS SINCE EXPANDED TO ADDRESS COMMUNITY ECONOMIC DEVELOPMENT, ENVIRONMENTAL SUSTAINABILITY, AND NEIGHBORHOOD SAFETY - ADDITIONAL FACTORS THAT ARE KEY TO PROMOTING HEALTH COMMUNITIES. IN 2009, KFHP EXPENDED APPROXIMATELY \$24 MILLION TO SUPPORT CHI WORK.

HEALTH EATING ACTIVE LIVING (HEAL) PROGRAMS

THE HEAL PROGRAM COMBATS OBESITY BY PROMOTING PLACE-BASED HEALTHY EATING AND ACTIVE LIVING PROGRAMS AND INTERVENTIONS IN THE COMMUNITY. THE PROGRAM SUPPORTS COMMUNITY HEALTH INITIATIVES AND COALITIONS THAT BRING COMMUNITY-LEVEL MEDICAL, ENVIRONMENTAL, AND SOCIAL CHANGES SUCH AS EMPOWERING COMMUNITY RESIDENTS TO EAT HEALTHY FOODS, CHANGING PHYSICAL AND SOCIAL ENVIRONMENTS TO PROMOTE PHYSICAL ACTIVITY, AND SUPPORTING POLICY CHANGES TO REDUCE RACIAL AND ETHNIC HEALTH DISPARITIES, PARTICULARLY THOSE RELATED TO POOR NUTRITION AND INACTIVITY.

IN 2009, THE INITIATIVE WAS SINGLED OUT AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION 2009 WEIGHT OF THE NATION CONFERENCE, WHERE IT WAS HONORED WITH THE PIONEERING INNOVATION AWARD FOR OUTSTANDING OBESITY PREVENTION AND CONTROL.

- HEALTHY EATING IN HARD TIMES - IN 2009, HUNGER IN AMERICA REACHED ITS HIGHEST LEVEL IN 14 YEARS AS THE RECESSION DROVE RECORD NUMBERS OF FAMILIES TO APPLY FOR FOOD STAMPS AND REQUEST HELP FROM FOOD BANKS AND

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SOUP KITCHENS. KAISER PERMANENTE RESPONDED BY QUADRUPLING THE GRANTS WE
GIVE TO FOOD BANKS, FOOD PANTRIES, AND SOUP KITCHENS, AND TO
ORGANIZATIONS WORKING TO INCREASE ENROLLMENT IN FOOD STAMPS AND FEDERAL
NUTRITION PROGRAMS.

WORKING WITH OUR PARTNERS IN THE HEALTHY EATING ACTIVE LIVING CONVERGENCE
PARTNERSHIPS, KAISER PERMANENTE ALSO SUPPORTED THE DEVELOPMENT OF OTHER
NATIONAL HEALTHY FOOD FINANCING INITIATIVES. RESEARCH, POLICY
DEVELOPMENT, AND ADVOCACY EFFORTS SUPPORTED BY THE CONVERGENCE
PARTNERSHIP LED TO THE INTRODUCTION OF NATIONAL HEALTHY FOOD FINANCING
LEGISLATION THAT ENJOYS BIPARTISAN SUPPORT AND MORE THEN \$400 MILLION IN
PROPOSED FUNDING IN THE 2011 FEDERAL BUDGET PROPOSAL.

GRANTS AND DONATIONS FOR COMMUNITY HEALTH INITIATIVES
KFHP MADE A SUBSTANTIAL CONTRIBUTION TO THE DENVER FOUNDATION DONOR
ADVISED FUND TO SUSTAIN A NUMBER OF MULTIYEAR STRATEGIES IN THE COLORADO
REGION. TYPES OF ACTIVITIES INCLUDE A SOCIAL MARKETING CAMPAIGN, FUNDING
FOR MAJOR PUBLIC HEALTH INITIATIVES AND RESPONSIVE GRANT MAKING TO
SUPPORT INNOVATIVE SOLUTIONS TO ADDRESS PUBLIC HEALTH AND ACCESS ISSUES.

SAFETY NET PARTNERSHIPS
THROUGH FUNDING, TECHNICAL ASSISTANCE, PUBLIC POLICY ADVOCACY, TRAINING
AND VOLUNTEERING, DISSEMINATION OF CARE-MANAGEMENT AND QUALITY
IMPROVEMENT TECHNOLOGIES, KAISER PERMANENTE HELPS SAFETY NET PROVIDERS

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IMPROVE CARE AND EXPAND TREATMENT CAPACITY FOR THE COMMUNITIES AND
VULNERABLE PEOPLE THEY SERVE. IN 2009, KFHP EXPENDED \$13 MILLION.

GRANTS AND DONATIONS FOR SAFETY NET PARTNERSHIPS

KFHP MADE A SUBSTANTIAL CONTRIBUTION TO THE DENVER FOUNDATION DONOR
ADVISED FUND TO SUPPORT A NUMBER OF MULTIYEAR STRATEGIES IN THE COLORADO
REGION. TYPES OF ACTIVITIES INCLUDE PRIMARY FUNDING FOR A SAFETY NET
STRATEGIC PLAN, EXPANSION OF SAFETY NET SERVICES IN PUEBLO, CO AND
FUNDING FOR RURAL HEALTH INITIATIVES.

DEVELOPING AND DISSEMINATING KNOWLEDGE

KAISER PERMANENTE IMPROVES HEALTH CARE BY SHARING ITS KNOWLEDGE,
EDUCATING PRACTITIONERS, ADVANCING RESEARCH, EMPOWERING CONSUMERS, AND
INFORMING POLICYMAKERS ABOUT THE EVIDENCE BASE FOR MEDICAL CARE AND
HEALTH. KFHP SPENT APPROXIMATELY \$6 MILLION TO SUPPORT PROGRAMS AND
SERVICES FOR THE DEVELOPMENT AND DISSEMINATION OF KNOWLEDGE AND PROVIDED
GRANTS AND DONATIONS TO A NUMBER OF NONPROFIT ORGANIZATIONS.

SINCE 1946, KAISER PERMANENTE RESEARCHERS HAVE MADE THOUSANDS OF MEDICAL
DISCOVERIES, INCLUDING STUDIES IN 2009 SHOWING THAT ELECTRONIC HEALTH
RECORDS PLAYED KEY ROLES IN CLINICAL INNOVATIONS THAT DRAMATICALLY
REDUCED CARDIAC DEATH RATES AND INCREASED BREAST CANCER SCREENING RATES.
OTHER IMPORTANT STUDIES EXAMINED THE LINKS BETWEEN ALCOHOL CONSUMPTION
AND BREAST CANCER REOCCURRENCE AND HOW REFUSAL TO PERMIT IMMUNIZATION OF
CHILDREN RAISES THE RISK OF PERTUSSIS INFECTION.

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ATTACHMENT 3 (CONT'D)

EDUCATIONAL THEATRE PROGRAMS (ETP)

FOR 20 YEARS, EDUCATIONAL THEATRE PROGRAMS HAS USED LIVE THEATRE, MUSIC, COMEDY, AND DRAMA TO INSPIRE CHILDREN, TEENS, AND ADULTS TO MAKE HEALTHIER CHOICES AND BETTER DECISIONS ABOUT THEIR WELL-BEING. THESE EDUCATIONAL PROGRAMS WERE DEVELOPED WITH THE ADVICE OF TEACHERS, PARENTS, STUDENTS, HEALTH EDUCATORS, MEDICAL PROFESSIONALS, AND PROFESSIONAL THEATRE ARTISTS. ALL PERFORMANCES ARE DELIVERED BY PROFESSIONAL ACTORS WHO ARE ALSO TRAINED AS PEER HEALTH EDUCATORS, AND PERFORMED FREE OF CHARGE FOR THE COMMUNITY. ETP ALSO PROVIDES SCHOOLS AND ORGANIZATIONS WITH SUPPLEMENTARY EDUCATIONAL MATERIALS, SUCH AS WORKBOOKS, PARENT AND TEACHER GUIDES, AND STUDENT WALLET CARDS TO REINFORCE THE MESSAGES PRESENTED ON STAGE.

KFH AND KFHP IN CALIFORNIA SPENT \$9.6 MILLION TO PROVIDE MORE THAN 609,537 CHILDREN AND ADULTS THE OPPORTUNITY TO VIEW ONE OF ETP'S 2,972 PERFORMANCES DURING 2009.

PUBLIC POLICY

THROUGH THE KAISER PERMANENTE INSTITUTE FOR HEALTH POLICY, WE HELP SHAPE NATIONAL HEALTH CARE POLICIES AND PRACTICES. WE DRAW ON EXPERT KNOWLEDGE FROM A VARIETY OF BACKGROUNDS - PHYSICIANS AND OTHER HEALTH CARE PROVIDERS, CLINICAL AND HEALTH SERVICES RESEARCHERS, PUBLIC HEALTH PROFESSIONALS, ECONOMIST, POLICY ANALYSTS, AND COMMUNICATIONS EXPERTS. THE PUBLIC POLICY STRATEGY INCLUDES BUILDING PUBLIC/PRIVATE PARTNERSHIPS TO ADVANCE POPULATION HEALTH; SUPPORTING LEGISLATION THAT ADVANCES

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ATTACHMENT 3 (CONT'D)

EXPANDED ACCESS, HEALTH PROMOTION AND DISEASE PREVENTION; AND CONVENING
POLICY MAKERS AND RESEARCHERS TO DEVELOP KNOWLEDGE-BASED PUBLIC POLICY.

THE MISSION OF KFHP'S INSTITUTE FOR HEALTH POLICY (IHP) IS TO ADVANCE THE
UNDERSTANDING OF KEY HEALTH POLICY ISSUES AND TO SUPPORT, IN
COLLABORATION WITH OTHERS, HEALTH POLICY THAT WILL IMPROVE HEALTH AND THE
MANNER IN WHICH HEALTH CARE AND FINANCING SYSTEMS SERVE THE MEMBERS OF
OUR COMMUNITIES

IN 2009, IHP SPONSORED CONFERENCES, POLICY ROUNDTABLES, AND BRIEFING
PAPERS ON A RANGE OF SUBJECTS THAT LEVERAGE KAISER PERMANENTE'S
EXPERTISE, EXPERIENCE, AND INTERESTS, INCLUDING:

- HOSPITAL/PHYSICIAN COLLABORATION
- REFORMING THE HEALTH CARE DELIVERY SYSTEMS WITH TEAMS
- MEDICARE'S ROLE IN DELIVERY SYSTEM REFORM
- MEASURING INTEGRATED PATIENT CARE
- COMPARATIVE EFFECTIVENESS RESEARCH
- HEALTH INSURANCE EXCHANGES
- FOOD SYSTEMS AND PUBLIC HEALTH
- INSIGHTS ABOUT PAYMENT MECHANISMS FROM OTHER COUNTRIES

OTHER COMMUNITY BENEFITS

IN 2009, KFHP EXPENDED APPROXIMATELY \$5 MILLION TO SUPPORT COMMUNITY

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

ATTACHMENT 3 (CONT'D)

BENEFIT ACTIVITIES AND PROGRAMS BEYOND THE NATIONAL STREAMS OF WORK.

NATIONAL COMMUNITY BENEFIT OPERATIONS

KFHP HAS A DEDICATED COMMUNITY BENEFIT DEPARTMENT WITH 20 FULL-TIME EMPLOYEES TO COORDINATE CB INITIATIVES ACROSS THE PROGRAM AND TO SUPPORT BOTH NATIONAL AND REGIONAL COMMUNITY BENEFIT PROGRAMS AND SERVICES.

ATTACHMENT A

DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM

2009 KFHP COMMUNITY BENEFIT FINANCIALS

THE FOLLOWING CHART SUMMARIZES 2009 COMMUNITY BENEFIT INVESTMENTS BY KFHP AND KFHP FOR CALIFORNIA AND HAWAII. THE COMMUNITY INVESTMENTS REFLECTED IN THE CHART ARE UNAUDITED.

	HEALTH PLAN
	TOTAL
CARE AND COVERAGE	
CHARITABLE CARE AND COVERAGE PROGRAMS	\$151,504,962
GOVERNMENT-SPONSORED PROGRAMS	409,435,833
GRANTS & DONATIONS FOR CARE AND COVERAGE	1,333,322
CB OPERATIONS FOR CARE AND COVERAGE	4,938,535
SUBTOTAL:	\$567,212,652

Name of the organization

Employer identification number

KAISER FOUNDATION HEALTH PLAN, INC

94-1340523

ATTACHMENT 3 (CONT'D)

COMMUNITY HEALTH INITIATIVES

COMMUNITY HEALTH INITIATIVES PROGRAMS AND SERVICES \$13,483

GRANTS & DONATIONS FOR COMMUNITY HEALTH INITIATIVES 24,180,312

SUBTOTAL: \$24,193,795

SAFETY NET PARTNERSHIPS

GRANTS & DONATIONS FOR SAFETY NET PARTNERSHIPS 13,125,000

CB OPERATIONS FOR SAFETY NET 250

SUBTOTAL: \$13,125,250

KNOWLEDGE DISSEMINATION

MEDICAL RESEARCH \$2,488,681

HEALTH CARE PUBLIC POLICY 1,883,027

EDUCATIONAL THEATRE PROGRAMS 876,795

HEALTH CARE TRAINING AND EDUCATION PROGRAMS 391,945

GRANTS & DONATIONS FOR KNOWLEDGE DISSEMINATION 110,000

SUBTOTAL: \$5,750,448

OTHER COMMUNITY BENEFITS

OTHER CB GRANTS & DONATIONS 84,500

CB OPERATIONS 4,711,115

SUBTOTAL: \$4,795,615

TOTAL \$615,077,760

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 44A PROGRAM SERVICE

MEMBER HEALTH CARE SERVICES AND MEDICAL TRAINING TO CARE
IMPROVEMENT

KAISER FOUNDATION HEALTH PLAN INC. PROVIDES MEDICAL AND SURGICAL
CARE, INCLUDING URGENT CARE SERVICES, EXTENDED CARE AND HOME
HEALTH CARE, FOR ITS MEMBERS WITHOUT REGARDS TO AGE, SEX, RACE,
RELIGION OR NATIONAL ORIGIN OR THE ABILITY TO PAY. KAISER
FOUNDATION HEALTH PLAN, INC. EDUCATES AND TRAINS MEDICAL STUDENTS
AND OTHER HEALTH CARE PROFESSIONALS AND PROMOTES SCIENTIFIC AND
NURSING EDUCATION IN ORDER TO IMPROVE CARE. ADDITIONAL
INFORMATION ABOUT KAISER FOUNDATION HEALTH PLAN INC'S CHARITABLE
ACTIVITIES CAN BE FOUND IN SCHEDULE O, COMMUNITY BENEFIT REPORT.

ATTACHMENT 54B PROGRAM SERVICE

MEDICAID AND OTHER GOVERNMENT SPONSORED PROGRAMS

HEALTH PLAN IS COMMITTED TO IMPROVING THE WAY MEDICAID
BENEFICIARIES RECEIVE CARE, NOT ONLY IN OUR FACILITIES, BUT ALSO
IN THE COMMUNITIES WE SERVE. IN 2009, HEALTH PLAN PARTICIPATED IN
A NUMBER OF GOVERNMENT PROGRAMS. MEDICAID MANAGED CARE -
PROVIDING COMPREHENSIVE CARE FOR MORE THAN 150,000 MANAGED CARE
MEMBERS; MEDICAID FEE FOR SERVICE AND THE STATE CHILDREN'S HEALTH

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 5 (CONT'D)

INITIATIVE - PROVIDING COMPREHENSIVE HEALTH BENEFITS, INCLUDING DENTAL AND VISION CARE TO MORE THAN 133,000 PATIENTS. ADDITIONAL INFORMATION ABOUT KAISER FOUNDATION HEALTH PLAN INC'S CHARITABLE ACTIVITIES CAN BE FOUND IN SCHEDULE O, COMMUNITY BENEFIT REPORT.

ATTACHMENT 64C PROGRAM SERVICE

CHARITABLE CARE (MEDICAL FINANCIAL ASSISTANCE AND CHARITABLE COVERAGE)

HEALTH PLAN PROVIDES CHARITY CARE TO LOW-INCOME VULNERABLE PATIENTS THROUGH THE MEDICAL FINANCIAL ASSISTANCE (MFA) AND CHARITABLE HEALTH COVERAGE (CHC) PROGRAMS. MFA - HEALTH PLAN OFFERS FINANCIAL ASSISTANCE TO HELP FAMILIES AND INDIVIDUALS THAT ARE UNABLE TO PAY FOR ALL OR PART OF THE COST OF URGENT OR EMERGENCY CARE PROVIDED IN A KAISER PERMANENTE FACILITY. IN 2009, THIS PROGRAM ASSISTED MORE THAN 21,800 APPLICANTS, PROVIDING MORE THAN 110,000 PRESCRIPTIONS AND 41,000+ OUTPATIENT OFFICE VISITS. CHC - THESE PROGRAMS ARE AVAILABLE TO LOW INCOME ADULTS AND CHILDREN WHO ARE NOT ELIGIBLE FOR OTHER PUBLIC OR PRIVATELY SPONSORED COVERAGE. MORE THAN 85,000 PATIENTS RECEIVED COMPREHENSIVE CARE FOR UP TO FOUR YEARS THROUGH THIS PROGRAM. ADDITIONAL INFORMATION ABOUT KAISER FOUNDATION HEALTH PLAN INC'S CHARITABLE ACTIVITIES CAN BE FOUND IN SCHEDULE O, COMMUNITY

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 6 (CONT'D)

BENEFIT REPORT.

ATTACHMENT 7FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SCH. O, COMMUNITY BENEFIT REPORT			
TOTALS			

ATTACHMENT 8990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SOUTHERN CALIF PERMANENTE MEDICAL GROUP 393 EAST WALNUT STREET PASADENA, CA 91188	MEDICAL SERVICES	5473425691.
THE PERMANENTE MEDICAL GROUP 1950 FRANKLIN STREET, 18TH FLOOR OAKLAND, CA 94612	MEDICAL SERVICES	5298813065.
HAWAII PERMANENTE MEDICAL GROUP 3288 MOANALUA ROAD HONOLULU, HI 96819	MEDICAL SERVICES	133,472,531.
EMPLOYERS MUTUAL INC 700 SOUTHEAST CENTRAL PARKWAY STUART, FL 34994	AMBULANCE SERVICES	338,211,250.
KAISER FOUNDATION HOSPITALS ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	MEDICAL SERVICES	12914275331.
TOTAL COMPENSATION		<u>24158197868.</u>

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

ATTACHMENT 9FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID INSURANCE	4,836,134.	4,989,430.
PREPAID RENT	13,481,912.	12,901,771.
PREPAID POSTAGE	2,102,260.	1,844,170.
PREPAID TAX AND LICENSES	803,518.	892,666.
OTHER PREPAID EXPENSES	9,423,024.	9,474,321.
PREPAID EXP - ORDWAY INTL	3,248.	3,620.
PREPAID EXP - ORDWAY INDEMNITY	0.	2,103,341.
TOTALS	<u>30,650,096.</u>	<u>32,209,319.</u>

ATTACHMENT 10FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENT IN STOCK	3,502,294,506.	457,862,013.	FMV
SECURITIES LENDING COLLATERAL	1,135,349,099.	1,111,307,307.	FMV
MARKETABLE SECURITIES - KESOP	10,388,607.	11,217,481.	FMV
OTHER SECURITIES	1,442,223,256.	0.	FMV
INVESTMENT IN BONDS	0.	729,780,444.	FMV
OTHER DEBT INSTRUMENTS	0.	4,872,139,173.	FMV
TOTALS	<u>6,090,255,468.</u>	<u>7,182,306,418.</u>	

ATTACHMENT 11

Name of the organization	Employer identification number
KAISER FOUNDATION HEALTH PLAN, INC	94-1340523

SCHEDULE L, PART IIATTACHMENT 11 (CONT'D)

(A) NAME OF INTERESTED PERSON AND PURPOSE	(B) TO FROM	(C) ORIGINAL AMT.	(D) BALANCE DUE	(E) YES NO	(F) YES NO	(G) YES NO
JOAN DANIELEY EMPLOYEE RELOCATION	X	150,000.	150,000.	X	X	X
RICHARD DANIELS EMPLOYEE RELOCATION	X	300,000.	300,000.	X	X	X
DAVID DELANEY EMPLOYEE RELOCATION	X	25,000.	25,000.	X	X	X
PHILIP FASANO EMPLOYEE RELOCATION	X	500,000.	500,000.	X	X	X
MICHELE FLANAGIN EMPLOYEE RELOCATION	X	20,000.	20,000.	X	X	X
MARLENE FOSTER EMPLOYEE RELOCATION	X	75,000.	37,500.	X	X	X
JOSE GUTIERREZ EMPLOYEE RELOCATION	X	50,000.	50,000.	X	X	X
JAMES MARCOTTE EMPLOYEE RELOCATION	X	30,000.	17,153.	X	X	X
JAMES MARCOTTE EMPLOYEE RELOCATION	X	40,000.	40,000.	X	X	X
FRANK MILLER EMPLOYEE RELOCATION	X	40,000.	40,000.	X	X	X
CHADWICK NESTMAN EMPLOYEE RELOCATION	X	200,000.	200,000.	X	X	X
DAVID NYBURG EMPLOYEE RELOCATION	X	100,000.	53,590.	X	X	X
PAUL RECORDS EMPLOYEE RELOCATION	X	100,000.	50,000.	X	X	X
PAUL RECORDS EMPLOYEE RELOCAITON	X	200,000.	200,000.	X	X	X
RONALD SMITH EMPLOYEE RELOCATION	X	75,000.	37,500.	X	X	X
VIJAY VENKATESAN EMPLOYEE RELOCATION	X	60,000.	60,000.	X	X	X
HAROLD WOLF EMPLOYEE RELOCATION	X	200,000.	200,000.	X	X	X
CARRIE JENNISON EMPLOYEE RELOCATION	X	100,000.	100,000.	X	X	X
MICHAEL MCANDER EMPLOYEE RELOCATION	X	150,000.	150,000.	X	X	X
GERARD PAUL EMPLOYEE RELOCATION	X	100,000.	100,000.	X	X	X
THOMAS RISSE EMPLOYEE RELOCATION	X	100,000.	100,000.	X	X	X
C WAYNE SWAFFORD EMPLOYEE RELOCATION	X	60,000.	60,000.	X	X	X
D THOMAS WITMER EMPLOYEE RELOCATION	X	80,000.	80,000.	X	X	X
TOTAL			<u>2,570,743.</u>			

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number

94-1340523

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
KP CAL, LLC 20-2712661 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	CA	76,858,519.	1,299,481.	N/A
ORDWAY INTERNATIONAL, LTD ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HOLDING CO.	BD	0.	123,620.	N/A
ORDWAY INDEMNITY, LTD 90-0031974 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	INSURANCE	BD	6,730,019.	15,360,221.	ORDWAY INT'L

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
KAISER FDN HEALTH PLAN OF COLORADO 84-0591617 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	CO	501(C)(3)	9	N/A
KAISER FDN HEALTH PLAN OF GEORGIA, INC 58-1592076 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	GA	501(C)(3)	9	N/A
KFHP OF THE MID-ATLANTIC STATES, INC 52-0954463 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	MD	501(C)(3)	9	N/A
KAISER FDN HEALTH PLAN OF THE NORTHWEST 93-0798039 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	OR	501(C)(3)	9	N/A
KAISER FDN HEALTH PLAN OF OHIO 34-0922268 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	OH	501(C)(3)	9	N/A
KAISER FOUNDATION HOSPITALS 94-1105628 ONA KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	HEALTH CARE	CA	501(C)(3)	3	N/A
CAMP BOWIE SERVICE CENTER 94-3299123 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	ADMIN	CA	501(C)(3)	11	N/A

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
HCMS, LLC 20-3924985 ONE KAISER PLAZA, SUITE 15L	CASE MANAGEMENT	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ARCHIMEDES, INC. 20-3774729 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	CONSULTING	CA	N/A	C CORP	0.	0.	0.0000
KAISER PERMANENTE INTERNATIONAL 94-3245176 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	CONSULTING	CA	N/A	C CORP	0.	0.	0.0000
KAISER PERMANENTE INSURANCE COMPANY 94-3203402 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	INSURANCE	CA	N/A	C CORP	217,559,935.	118,592,818.	100.0000
KAISER PROPERTIES SERVICES, INC. 94-3259432 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	REAL ESTATE	CA	N/A	C CORP	1,904,330.	1,656,945.	100.0000
OAK TREE ASSURANCE, LTD. 03-0329760 ONE KAISER PLAZA, SUITE 15L OAKLAND, CA 94612	INSURANCE	VT	N/A	C CORP	11,871,332.	42,886,330.	100.0000

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a X	
b Gift, grant, or capital contribution to other organization(s)	1b X	
c Gift, grant, or capital contribution from other organization(s)	1c X	
d Loans or loan guarantees to or for other organization(s)	1d X	
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f X	
g Purchase of assets from other organization(s)	1g X	
h Exchange of assets	1h X	
i Lease of facilities, equipment, or other assets to other organization(s)	1i X	
j Lease of facilities, equipment, or other assets from other organization(s)	1j X	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l X	
m Sharing of facilities, equipment, mailing lists, or other assets	1m X	
n Sharing of paid employees	1n X	
o Reimbursement paid to other organization for expenses	1o X	
p Reimbursement paid by other organization for expenses	1p X	
q Other transfer of cash or property to other organization(s)	1q X	
r Other transfer of cash or property from other organization(s)	1r X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) KAISER FOUNDATION HOSPITALS	A	18,766,319.
(2) KAISER FOUNDATION HOSPITALS	C	569,000.
(3) KAISER FOUNDATION HOSPITALS	D	9,954,466.
(4) KAISER FOUNDATION HOSPITALS	F	1,481,285.
(5) KAISER FOUNDATION HOSPITALS	I	2,545,669.
(6) KAISER FOUNDATION HOSPITALS	K	4,144,423,939.

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

JSA

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of filing organization

KAISER FOUNDATION HEALTH PLAN, INC

Employer identification number	
--------------------------------	--

94-1340523

Part I Continuation of Identification of Disregarded Entities[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R-1 (Form 990) 2009

Part III

[illegible]

Schedule R-1 (Form 990) 2009

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) KAISER FOUNDATION HOSPITALS	L	13,702,977,845.
(8) KAISER FOUNDATION HOSPITALS	M	29,332,011,137.
(9) KAISER FOUNDATION HOSPITALS	N	45,647,307.
(10) KAISER FOUNDATION HOSPITALS	O	3,224,797,165.
(11) KAISER FOUNDATION HOSPITALS	P	11,942,909,377.
(12) KAISER FOUNDATION HOSPITALS	Q	17,705,859,483.
(13) KAISER FOUNDATION HOSPITALS	R	12,307,165,694.
(14) KAISER FDN HEALTH PLAN OF COLORADO	K	46,464,695.
(15) KAISER FDN HEALTH PLAN OF COLORADO	L	11,459,959.
(16) KAISER FDN HEALTH PLAN OF COLORADO	M	7,658.
(17) KAISER FDN HEALTH PLAN OF COLORADO	N	989,597.
(18) KAISER FDN HEALTH PLAN OF COLORADO	O	10,462,904.
(19) KAISER FDN HEALTH PLAN OF COLORADO	P	48,737,439.
(20) KAISER FDN HEALTH PLAN OF COLORADO	Q	28,799,635.
(21) KAISER FDN HEALTH PLAN OF COLORADO	R	37,000,000.
(22) KAISER FDN HEALTH PLAN OF GEORGIA, INC	A	330,515.
(23) KAISER FDN HEALTH PLAN OF GEORGIA, INC	G	284,738.
(24) KAISER FDN HEALTH PLAN OF GEORGIA, INC	H	799,599.

Schedule R-1 (Form 990) 2009

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) KAISER FDN HEALTH PLAN OF GEORGIA, INC	K	27,515,845.
(8) KAISER FDN HEALTH PLAN OF GEORGIA, INC	L	2,505,199.
(9) KAISER FDN HEALTH PLAN OF GEORGIA, INC	M	363.
(10) KAISER FDN HEALTH PLAN OF GEORGIA, INC	N	195,497.
(11) KAISER FDN HEALTH PLAN OF GEORGIA, INC	O	6,564,205.
(12) KAISER FDN HEALTH PLAN OF GEORGIA, INC	P	6,253,191.
(13) KAISER FDN HEALTH PLAN OF GEORGIA, INC	Q	9,470,692.
(14) KFHP OF THE MID-ATLANTIC STATES, INC	K	46,073,396.
(15) KFHP OF THE MID-ATLANTIC STATES, INC	L	3,936,116.
(16) KFHP OF THE MID-ATLANTIC STATES, INC	M	2,395.
(17) KFHP OF THE MID-ATLANTIC STATES, INC	N	567,382.
(18) KFHP OF THE MID-ATLANTIC STATES, INC	O	10,484,782.
(19) KFHP OF THE MID-ATLANTIC STATES, INC	P	17,010,425.
(20) KFHP OF THE MID-ATLANTIC STATES, INC	Q	26,589,765.
(21) KAISER FDN HEALTH PLAN OF THE NORTHWEST	K	45,513,167.
(22) KAISER FDN HEALTH PLAN OF THE NORTHWEST	L	9,070,185.
(23) KAISER FDN HEALTH PLAN OF THE NORTHWEST	M	195,075.
(24) KAISER FDN HEALTH PLAN OF THE NORTHWEST	N	905,056.

Schedule R-1 (Form 990) 2009

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) KAISER FDN HEALTH PLAN OF THE NORTHWEST	O	38,694,993.
(8) KAISER FDN HEALTH PLAN OF THE NORTHWEST	P	30,330,231.
(9) KAISER FDN HEALTH PLAN OF THE NORTHWEST	Q	51,348,099.
(10) KAISER FOUNDATION HEALTH PLAN OF OHIO	B	4,883,536.
(11) KAISER FOUNDATION HEALTH PLAN OF OHIO	K	16,413,935.
(12) KAISER FOUNDATION HEALTH PLAN OF OHIO	L	1,056,207.
(13) KAISER FOUNDATION HEALTH PLAN OF OHIO	M	11,619.
(14) KAISER FOUNDATION HEALTH PLAN OF OHIO	N	76,026.
(15) KAISER FOUNDATION HEALTH PLAN OF OHIO	O	6,519,923.
(16) KAISER FOUNDATION HEALTH PLAN OF OHIO	P	8,168,535.
(17) KAISER FOUNDATION HEALTH PLAN OF OHIO	Q	8,398,281.
(18) 1800 HARRISON FOUNDATION	A	3,323,252.
(19) 1800 HARRISON FOUNDATION	C	3,659,161.
(20) 1800 HARRISON FOUNDATION	O	250,947.
(21) 1800 HARRISON FOUNDATION	P	271,349.
(22) 1800 HARRISON FOUNDATION	Q	11,527.
(23) CAMP BOWIE SERVICE CENTER	K	19,630.
(24) CAMP BOWIE SERVICE CENTER	L	2,956,545.

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) CAMP BOWIE SERVICE CENTER	O	6,237,897.
(8) CAMP BOWIE SERVICE CENTER	P	26,902,181.
(9) CAMP BOWIE SERVICE CENTER	Q	4,280,400.
(10) KAISER HEALTH PLAN ASSET MANAGEMENT, INC	G	1,226,508.
(11) KAISER HEALTH PLAN ASSET MANAGEMENT, INC	J	17,656,089.
(12) KAISER HEALTH PLAN ASSET MANAGEMENT, INC	O	657,466.
(13) KAISER HEALTH PLAN ASSET MANAGEMENT, INC	P	223,416.
(14) KAISER HEALTH PLAN ASSET MANAGEMENT, INC	R	72,844.
(15) OAK TREE ASSURANCE, LTD	K	225,000.
(16) OAK TREE ASSURANCE, LTD	L	2,963,806.
(17) OAK TREE ASSURANCE, LTD	O	61,284.
(18) OAK TREE ASSURANCE, LTD	P	735,508.
(19) HEALTH CARE MANAGEMENT SOLUTIONS, LLC	O	16,800.
(20) HEALTH CARE MANAGEMENT SOLUTIONS, LLC	P	16,800.
(21) KAISER HOSPITAL ASSET MANAGEMENT, INC	G	781,038.
(22) KAISER HOSPITAL ASSET MANAGEMENT, INC	J	23,881,010.
(23) KAISER HOSPITAL ASSET MANAGEMENT, INC	M	345,090.
(24) KAISER HOSPITAL ASSET MANAGEMENT, INC	O	158,722.

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) KAISER PROPERTY SERVICES, INC	O	822,070.
(8) KAISER PROPERTY SERVICES, INC	P	970,039.
(9) KAISER PROPERTY SERVICES, INC	Q	712,266.
(10) KAISER PROPERTY SERVICES, INC	R	865,889.
(11) KAISER PERMANENTE INTERNATIONAL, INC	O	15,610.
(12) KAISER PERMANENTE INTERNATIONAL, INC	P	1,220.
(13) KAISER PERMANENTE INTERNATIONAL, INC	Q	14,390.
(14) KAISER PERMANENTE INSURANCE COMPANY	D	1,421,637.
(15) KAISER PERMANENTE INSURANCE COMPANY	G	2,692,155.
(16) KAISER PERMANENTE INSURANCE COMPANY	H	2,536,863.
(17) KAISER PERMANENTE INSURANCE COMPANY	K	221,318.
(18) KAISER PERMANENTE INSURANCE COMPANY	L	6,319,087.
(19) KAISER PERMANENTE INSURANCE COMPANY	O	42,194,008.
(20) KAISER PERMANENTE INSURANCE COMPANY	P	14,604,652.
(21) KAISER PERMANENTE INSURANCE COMPANY	Q	871,302.
(22) LOKAHI ASSURANCE, LTD	K	10,098,646.
(23) LOKAHI ASSURANCE, LTD	L	28,020,000.
(24) LOKAHI ASSURANCE, LTD	O	28,111.

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) LOKAHI ASSURANCE, LTD	P	51,317,826.
(8) LOKAHI ASSURANCE, LTD	R	15,759,251.
(9) KP ONCALL, LLC	O	12,646.
(10) KP ONCALL, LLC	P	1,993,099.
(11) KP ONCALL, LLC	Q	1,311,780.
(12) KP ONCALL, LLC	R	2,218.
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